Keewatin Yatthé
Regional Health Authority

2014-15 Annual Report

Cover photo
"Pelican Flight Deck"
Churchill Lake

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Keewatin Yatthé Regional Health Authority

Box 40, Buffalo Narrows, Saskatchewan S0M 0J0
Toll Free 1-866-274-8506 • Local (306) 235-2220 • Fax (306) 235-4604
www.kyrha.ca

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Regional Health Authority

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Wholistic Health of Keewatin Yatthé
Health Region Residents

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LETTER OF TRANSMITTAL

To: Honourable Dustin Duncan
Minister of Health

Dear Minister Duncan,

The Keewatin Yatthé Regional Health Authority (KYRHA) is pleased to provide you and the residents of our northwest Saskatchewan health region with the 2014-15 Annual Report. In addition to outlining activities and accomplishments of the region for the year ended March 31, 2015, this report provides the audited financial statements for the same period.

This was a year of outstanding progress for our health region with two high-impact breakthrough results:

1. WinCIS: Electronic patient registration;
2. RIS-PACS: Digital storage and transfer of diagnostic images, speeding turnaround time of diagnostic results and the start of definitive treatment.

With the first breakthrough hard won and making the second possible, both move health care in our region into the digital age and make what once seemed only a dream, electronic medical records, a true possibility.

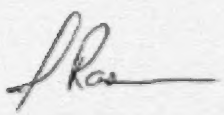
A foundational element of this success is accomplishment number three, building of the Saskatchewan Healthcare Management System. Through adoption of Lean tools that help us see waste and add value, through Kaizen Basics training, 5S, rapid process improvement workshops and mistake proofing, we have built a strong foundation to improve processes and provide better services to regional residents.

To sustain our gains, to ensure what we have worked hard to build does not tumble down, we must continue to work hard, moving without pause from breakthrough effort to "daily work" that requires:

- Daily visual management to quickly see how well we are doing and what might not be going as well as planned;
- Huddles — short, daily meetings — to keep staff working together, enabling them to raise and address issues as they occur and prevent larger problems from developing;
- Standard work that prescribes a repeatable sequence of steps (or actions) that aligns production time with the rate of demand (e.g. time and staff available to see patients with the number of patients to be seen).

Our 2014-15 successes proved we can tackle large projects and achieve outstanding results for the benefit of regional residents and staff. Proved this ability to us; proved it to rest of the province. Now we must prove we can maintain those improvements and strive to continuously provide and deliver safe, quality health care.

Respectfully submitted,



Tina Rasmussen
Chairperson

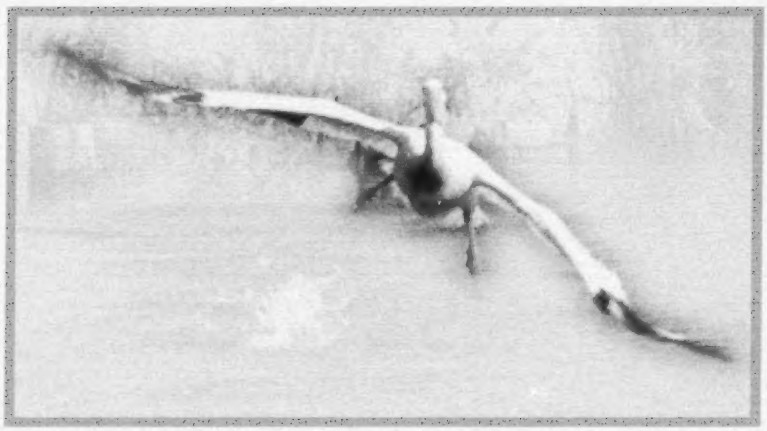
INTRODUCTION

THIS ANNUAL REPORT presents the Keewatin Yatthé Regional Health Authority's activities and results for the fiscal year ending March 31, 2015.

The 2014-15 Annual Report provides an opportunity to assess accomplishments, results, lessons learned and a chance to identify how to build on past successes for the benefit of the people of the Keewatin Yatthé Health Region.

The health authority is solely responsible for preparation of the report, from the gathering and analysis of information through to the design and layout of pages. As a result, we are confident in the reliability of the information included within the report.

As for selection rationale for the critical aspects of performance on which to focus, the regional breakthrough initiatives in support of provincial hoshins as well as the reduction of sick time and wage-driven premiums are are core performance areas in which the RHA seeks improvement, with data available from regionally designed measurements and metrics.



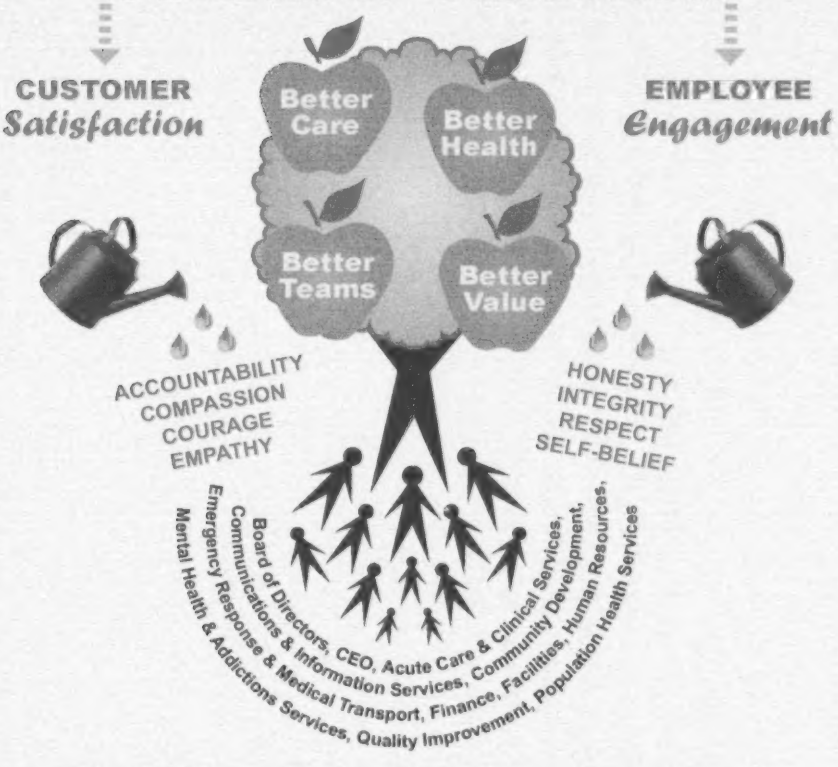
ALIGNMENT WITH STRATEGIC DIRECTION

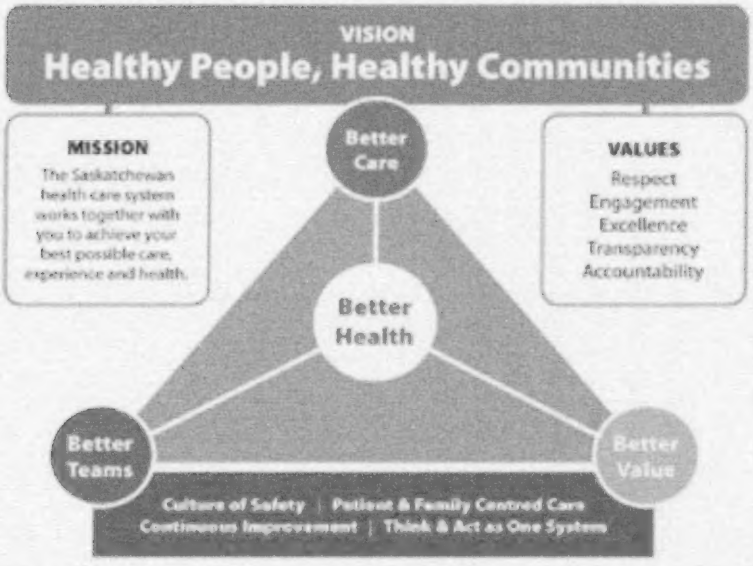
ALIGNMENT

Keewatin Yatthé Regional Health Authority's mandate, mission and principles are aligned to support the regional and provincial directions of better health, better care, better value and better teams.

STRATEGY DEPLOYMENT

Setting priorities, regularly measuring progress and reporting back on what's working and what's not





STRATEGIC DIRECTION AND GOALS

PROVIDING FOR REGIONAL residents living in communities scattered across northwest Saskatchewan, the Keewatin Yatthé Regional Health Authority administers a patient-oriented healthcare delivery system focused on wholistic health and well being.

Acting as One for Better Health, Better Care, Better Teams and Better Value

Mandate

Within a context of accountability to the Creator, the Keewatin Yatthé RHA's mandate is drawn from:

- **Legislation**: Relevant federal and provincial acts and statutes;
- **Ministry of Health**: Policies and procedures;
- **Community**: Priority issues defined by community;
- **Partnerships**: Developed and maintained by the regional health authority.

Mission

Wholistic Health
of Keewatin Yatthé Health Region Residents

Wholistic health is:

- **Inclusive**: Individual, family, community, region and the world at large;
- **Balanced**: Physical, mental, emotional and spiritual wellness;
- **Shared**: Personal health is tied to family/community health – as community/family health is tied to personal health;
- **Responsible**: Individuals make better health decisions for themselves and their families, and participate more fully in community;
- **Focused**: On improving health and wellness of all
- **Unified**: Only one option – Working together.

Saskatchewan Health Regions

Principles

Adults — supported by extended family and local community — are responsible for their own health. To assist individuals, families and communities develop the knowledge, skills, abilities and resources to carry out this responsibility, KYRHA will act in accordance with the following principles:

- Show respect as a foundation for working together;
- Focus on healthy communities by emphasizing factors that build healthy individuals and families;
- Focus on healing in our own lives and in the lives of individuals, families and communities;
- Recognize in our programs, services and activities that spiritual healing is a significant component of wholistic healing, and support individual and family approaches to spiritual healing;
- Strive to create an attitude of responsibility and self-reliance in our people, our families and our communities;

- Support, strengthen and build upon skills, knowledge and energy of board, staff and the people of the region so that we can work together towards our full health potential;
- Build on strengths, transform weaknesses and not violate our potential;
- Strive to meet the needs of people in our decisions, programs and activities;
- Encourage and support healing initiatives of our people, families and local communities;
- Support community caring and traditional strengths in programs and activities;
- Utilize the skills, talents and abilities of local people as much as possible in all initiatives, programs and activities;
- Build on existing community-based services;
- Strive for excellence in quality of care, in the quality of workplace and in the qualifications, skills and attitudes of staff, no less than can be found in any jurisdiction, anywhere;
- Remain committed to developing and encouraging a spirit of cooperation with northern health partners to enhance health outcomes at the regional and local level.

Values

KYRHA maintains and promotes respect as a primary organizational value and building block for the successful achievement of our wholistic health goals and objectives. By reflecting organizational values in daily actions, Keewatin Yatthé's 350 plus employees create a healthy work environment which is the starting point for delivery of best care and services to residents of the region.

- **Mutual respect**: Reflect high regard for unique abilities, talents, feelings and opinions of others;
- **Personal integrity**: Undertake one's duties and responsibilities openly, respectfully and honestly;
- **Self-belief and courage**: Meet challenges with confident ability; take responsibility with courage and conviction;
- **Collaborative work**: Build productive relationships with coworkers and stakeholders;
- **Accountability**: Take ownership in achieving desired results;
- **Empathy and compassion**: Practise non-judgmental listening and support that reflects caring and sensitivity in interactions with colleagues, patients, stakeholders and residents;
- **Honesty and trust**: Be straight-forward, open and truthful, take responsibility for one's actions.

Community Priorities

Within the scope of our mandate, mission and principles, issues-driven community-identified priorities shape the strategic direction of the health authority. These priorities fall into four areas:

- **Community healing** – including denial, unwillingness or reluctance to face problems or take action, to identify issues, to develop and implement solutions or volunteer; as well as lack of trust and issues of violence, poverty, housing and teen pregnancy;
- **Individual and family healing** – including parents unable to care for and nurture children, high levels of family breakdown and the decline of the family unit; lack of respect between generations; reliance on health workers to provide what should be self-care;
- **Program planning and implementation** – including diabetes and complications from the disease; sexually transmitted infections; mental health and addictions; retention of medical health professional services; support for the elderly; information and emphasis on spiritual wellness;
- **Existing activities and service outcomes** – including empowering people to take responsibility for their own health as opposed to creating dependence; greater team work between service providers; jurisdictional issues between treaty and non-treaty people, and among health services across the north; lack of understanding of the role of the board of directors.

WITH DIFFERING NEEDS from older counterparts, the region's predominately younger population factors into management decisions about strategy. Beyond the direct mandate of the RHA to address, social determinants can similarly shape strategic direction and require external partnerships to begin to affect better health outcomes.

Population

KYRHA's population remains young compared to the province, with 27 per cent of the population less than 15 years of age and only seven per cent over 65 years. Over 90 per cent (93.5%) of the population self-identify as Aboriginal.

In 2013, Keewatin Yatthé and Mamawetan Churchill River Regional Health Authorities and the Athabasca Health Authority had some of the highest "dependency ratios" of all health regions in Canada (comparing the number of youth under 20 and elders over 65 years of age with the "working" population of 20-64 years). Regions with high dependency ratios indicate economically stressed areas.

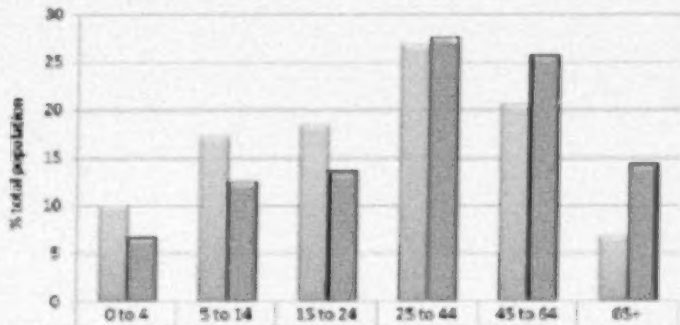
Social Determinants of Health

KYRHA has almost three times the proportion of dwellings requiring major repair, and close to five times the rate of crowding, having more than one person per room, compared to the province.

The median after-tax income of people living in Keewatin Yatthé Health Region is $17,320, which is almost $12,000 less than the provincial median.

Approximately half (51.5%) of the Keewatin Yatthé Health Region population aged 25-29 years are high school graduates compared to 84.5 per cent for the province.

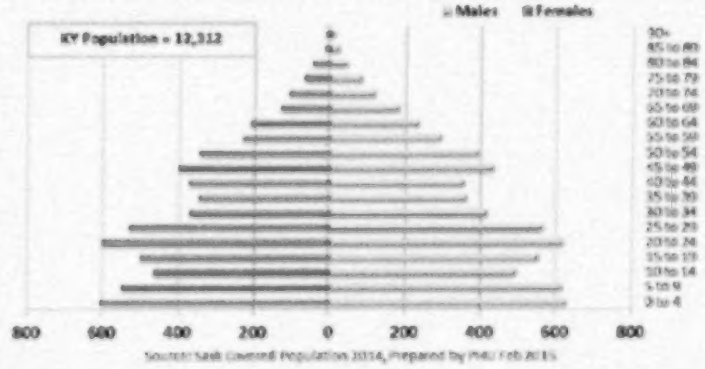
Population by Age Group, KY and Saskatchewan, 2014



	0 to 4	5 to 14	15 to 24	25 to 44	45 to 64	65+
KY	10.0	17.2	18.4	26.9	20.6	6.8
Sask	6.7	12.5	13.5	27.6	25.5	14.3

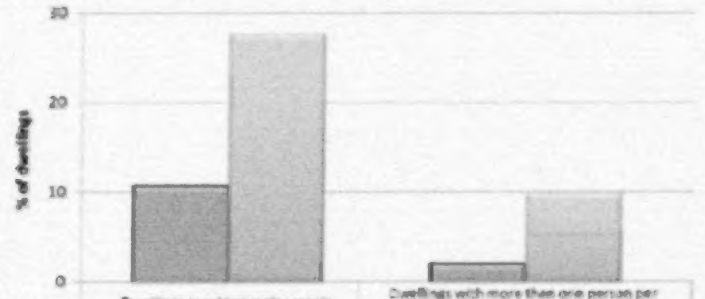
Source: Sask Covered Population 2014, Prepared by PHU Feb 2015

Population Pyramid by Age and Sex, Keewatin Yatthé 2014



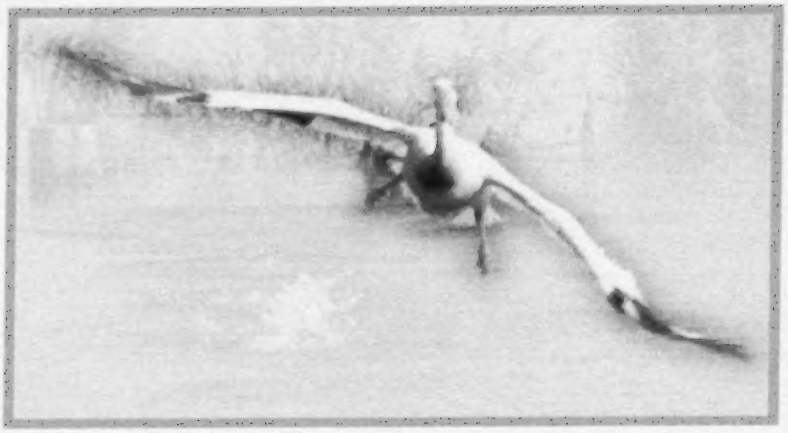
Source: Sask Covered Population 2014, Prepared by PHU Feb 2015

Occupied Private Dwellings Chararistics and Crowding in Homes Keewatin Yatthé and Saskatchewan



	Dwellings requiring major repair	Dwellings with more than one person per room
Sask	10.7	2.1
KY	27.7	9.8

Source: Statistics Canada 2011 NHS Profile Catalogue no. 99-004-XWE, Prepared by PHU, May 2014

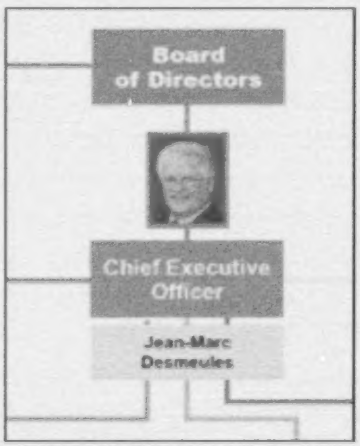


KYRHA OVERVIEW

Senior Leadership

In a time of healthcare transformation aimed at improving health outcomes, with Saskatchewan health regions and agencies aligning with the Ministry of Health to provide better care, better health, better teams and better value, the role of senior leadership as a driving and sustaining force behind such change is ever more important.

Keewatin Yatthé RHA senior leadership underwent change in 2014-15. Prior to the start of the 2014-15 fiscal year, on March 10, 2014, a new chief executive officer was appointed to lead critical change and ensure sustainable success. Jean-Marc Desmeules, former executive director of health services, took over from Richard Petit who retired after serving as CEO since 2008. In September 2014 two new executive directors were appointed, Carol Gillis in Corporate Services and Girija Nair in Health Services. Both have previous KYRHA experience enabling the senior leadership team to take action and move issues forward.



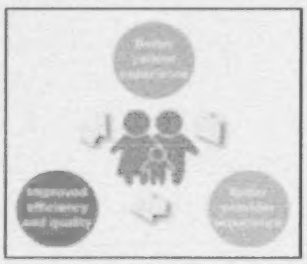
See full KYRHA organizational chart in report appendices on page 68.

Senior leadership as well as program service delivery structure was realigned later in the fall to improve health and wellness outcomes across the RHA. With one person out of five in Saskatchewan experiencing a mental health or addictions problem every year, mental health and addictions (MH&A) was integrated into primary health care. Leadership responsibility for MH&A services as well as community health development and health promotion was moved to Health Services.

Quality and Safety

Not a change but a renewed and strengthened commitment, the regional focus on quality and safety is foundational to every aspect of every activity. No opportunity was missed to deliver and promote quality improvement and safe program and service delivery for clients, patients and residents — as well as staff. Some of the initiatives undertaken are highlighted on the following pages:

Acute Care Pilot Patient Survey



The aim of "better care" is improving aspects of care that matter most to patients. To improve those aspects — to learn what we do well and what we can do better — requires listening to patients. Patients are the experts experiencing the care we provided. That experience relates directly to health outcomes. And engaged patients are more likely to self-manage their health for even better outcomes.

The new patient experience pilot survey introduced in 2014-15 was different from the last survey in use in important ways:

- 10 standard questions instead of 21 to boost response rate;
- Less complicated, more meaningful evaluation scale.

Providing a quick snapshot of the patient experience, the survey provided timely patient experience data on which to generate improvement ideas and actions.

A low score on a survey question signaled to dig deeper to better understand the root cause of a concern or problem. Providers were encouraged to talk with patients to better understand the problem or issue and improve that aspect of care.

FMEA and RCA Training

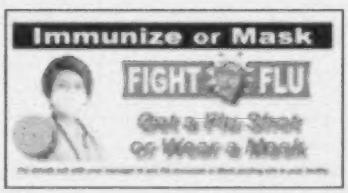
KYRHA's management team undertook dual training to identify and correct problems that put patients at risk, taking failure mode and effects analysis (FMEA) as well as root cause analysis (RCA) training from the Institute for Safe Medication Practices.

FMEA is a proactive safety technique that helps identify process problems before they occur. The eight-step method starts with selecting a process and assembling a team, moves through diagraming the process and brainstorming potential failure modes and determining their effects, and wraps up by redesigning processes and analyzing and testing changes. It can be applied to all healthcare processes including medication use, specimen labeling, emergency room triage and identification of risk of patient falls.

RCA is a comprehensive, systematic approach to retrospective analysis of adverse events. RCA looks to determine what happened, why it happened and what can be done to reduce likelihood of a recurrence.

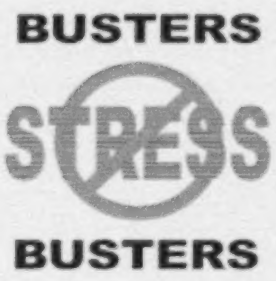
RCA often reveals underlying system deficiencies that are not obvious as well as issues that have become so familiar to those working in a particular environment that they are not identified as risks. RCA does not assign blame and is outcome directed, with emphasis on specific, high-leverage actions that take into account human factors engineering principles and the need to design systems with integrated safeguards.

Infection Control



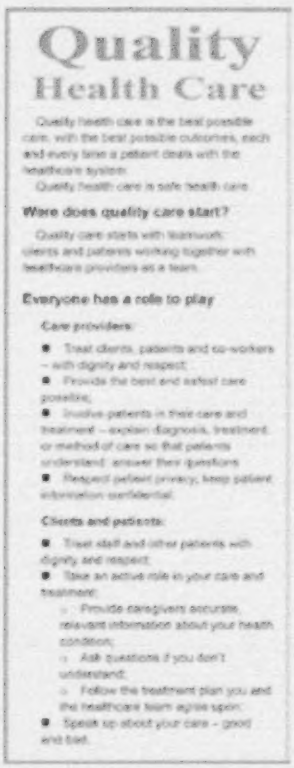
Rallying under the "Fight the Flu" during influenza season, 87 per cent of KYRHA staff got a flu shot or wore a mask in KYRHA facilities in compliance with the provincial Immunize or Mask policy.

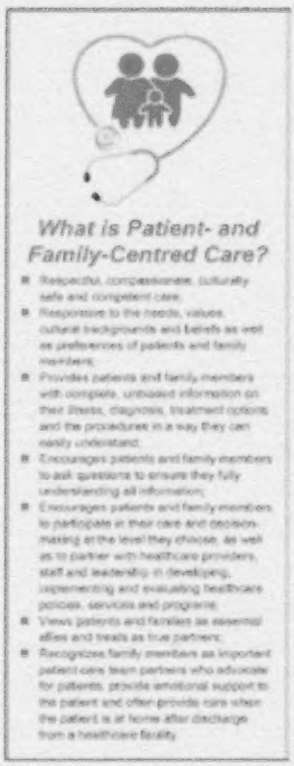
EDUCATION AND TRAINING



When stress overwhelms us, we need effective techniques to get back to equilibrium. Explore the stress response, focusing on tips and tools to bring us to optimal stress levels – helping to maximize our energy and performance.

Bullying in the workplace is more common than you may think. Increase your knowledge and awareness of bullying and harassment behavior in the workplace, its impact and how to address it as employees.


Quality
Health Care
Quality health care is the best possible care, with the best possible outcomes, each and every time a patient deals with the healthcare system.
Quality health care is safe health care.
Where does quality care start?
Quality care starts with teamwork: clients and patients working together with healthcare providers as a team.
Everyone has a role to play
Care providers:
Clients and patients:



Educating and training to increase knowledge and skills, the RHA is working to create a culture of safety — where blame and shame are replaced by respect and a willingness to do the right thing. We strive for an environment where all feel welcome and safe. Patient- and family-centred care is our goal and requires, among other things, responsibility and accountability.

PATIENT SAFETY

April 1, 2014 - March 31, 2015

Definition of an Occurrence

- An event inconsistent with routine, client, patient or resident care
- An injury or potential injury to a client, patient, resident, visitor, physician or contractor
- Damage/loss, or potential damage/loss, of equipment or property
- Equipment malfunction or failure that did or had the potential to result in harm to any person

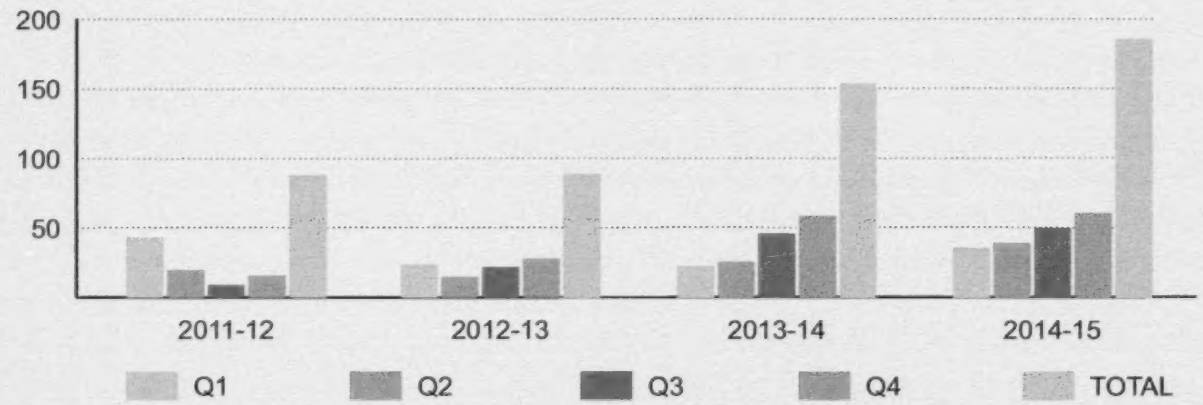
Patient Safety Occurrences	Q1	Q2	Q3	Q4	Year
Falls	5	22	21	22	70
Medication	6	2	9	9	26
Other	25	15	20	30	90
Total	**36**	**39**	**50**	**61**	**186**

Incidents are rates according to severity and risk to the consumer or region

- Code 1: No known injury. No clinical significance
- Code 2: Minor injury requiring basic first aid or short time monitoring. Action to rectify must be noted.
- Code 3: Adverse outcome or significant potential for adverse outcome. Serious incident where the potential for litigation is through to be prevalent.
- Code 4: Tragic Incident. Death or potential of major loss of function or major injury.
- Unknown: Code not documented.

Codes by quarter	Q1	Q2	Q3	Q4	Year
Code 1	16	22	31	33	102
Code 2	7	13	9	7	36
Code 3	4	3	5	1	13
Code 4	0	0	0	1	1
Unknown	9	1	5	19	35
Total	**36**	**39**	**50**	**61**	**186**

Patient Safety Occurrences - Four-year comparison by quarter



Rising occurrence numbers parallels a growing awareness of the importance of reporting, driven by increased staff training and a streamlining of the reporting process.

AFTER A 2013 ON-SITE survey, Accreditation Canada surveyors were presented KYRHA T-shirts. Surveyor John Hassan's shirt was too small. Fast-forward one year, after conducting a single-surveyor focused visit in May 2014, Hassan received a new shirt. He reported a good fit. He also reported improvements in quality and safety; improvements driven by another good fit: Lean commitment and kaizen effort with accreditation success.

"When I left (last May) I suspected there was some let down because there were some areas found lacking by the team," Hassan told KYRHA staff during a debriefing. "But if you look at it in the spirit of quality improvement and doing things better for your clients and the people you serve, you really embraced an idea.

"And I think what really helped, and almost sealed the deal, was your embrace of the whole Lean strategy ... The vis walls and the huddles are small, simple ideas but they have great impact ... and there was a real sense of how people have picked that up and moved that forward."

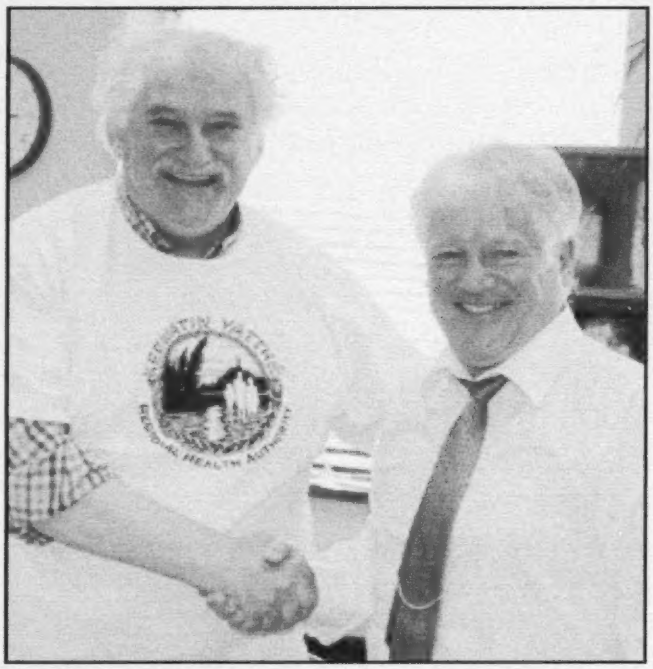
Hassan noted a number of areas of improvement, including a focus on preventing falls and medication errors, development and roll out of an emergency preparedness plan as well as root cause analysis training. He also noted challenges that include continuing staff recruitment and retention difficulties, privacy issues and a lack of electronic medical records.

But he kept coming back to Lean as foundation to the positive changes he had seen, from senior leadership support for Lean and kaizen methodology to the setting up of KYRHA's Kaizen Promotion Office.

In his report to Accreditation Canada Hassan said he called Lean an "ubiquitous presence." "Vis walls are everywhere ... and your huddles every day ... they are short and that's what I like about them ... having them no more than five or 10 minutes."

He saw people engaged and taking "ownership."

"You wanted to make this accreditation work."



FINE FIT: Surveyor John Hassan (left) receives a new KYRHA t-shirt, one that fits, from CEO Jean-Marc Desmeules (right). Hassan reported on another good fit: Acccreditation success and a commitment to following Lean principles and processes.

After reviewing the focused visit report, Accreditation Canada advised that follow-up requirements had been met and the region's Quality Performance Roadmap had been updated to reflect compliance with the evaluated criteria.

Additional evidence of compliance with Required Organizational Practices was required for later in the year (successfully provided October 2014). A supplementary survey was scheduled for June 2015.

PROGRAMS AND SERVICES

QUALITY HEALTHCARE PROGRAMS and services are provided across the region through:

- Two integrated health centres: Ile a la Crosse and La Loche;
- Three primary care centres: Beauval, Buffalo Narrows and Green Lake;
- Six outreach and education sites: Cole Bay, Jans Bay, Michel Village, Patuanak, St. George's Hill and Turnor Lake

★ Integrated Health Centres

Integrated facilities offer a varity of healthcare programs and services including:

- Emergency care;
- Acute care;
- X-ray and lab;
- Physician/medical health clinic;
- Public health clinic;
- Home care;
- Long term care;
- Inpatient social detox;
- Mental health and addictions;
- Community outreach and education worker;
- Dental therapy;
- Physical therapy;
- Community health development programs.

● Primary Care Clinics

Primary care clinics offer 24/7 on-call registerd nurse coverage and emergency medical services.

- **Beauval**
  - Physicians services (two days a week);
  - Nurse practitioner;
  - Public health nurse;
  - Home care licensed practical nurse;
  - Special care/home health aids;
  - Community mental health registered nurse;
  - Dental therapist;
  - Addictions councilor;
  - Emergency medical services;
  - Community outreach & education worker;
  - Community health development programs.

- **Buffalo Narrows**
  - Physicians services (four days a week);
  - Nurse practitioner;
  - Home care licensed practical nurse;
  - Special care/home health aids;
  - Public health nurse;
  - Emergency medical services;
  - Community outreach & education worker;
  - Dental therapist;
  - Addictions counselor;
  - Mental health therapist;
  - Medical transportation;
  - Community health development programs.

- **Green Lake**
  - Registered nurse/public health and home care nurse;
  - Community outreach & education worker;
  - Home care coordinator.

Outreach and Education Sites

Community outreach and education workers (COEWs) provide service to Cole Bay, Jans Bay, Michel Village, Patuanak, St. George's Hill and Turnor Lake, promoting individual, family and community health through a variety of programs and workshops. Community members are helped to understand and make use of health services and clinics, as well as advised of available health resources and benefits.

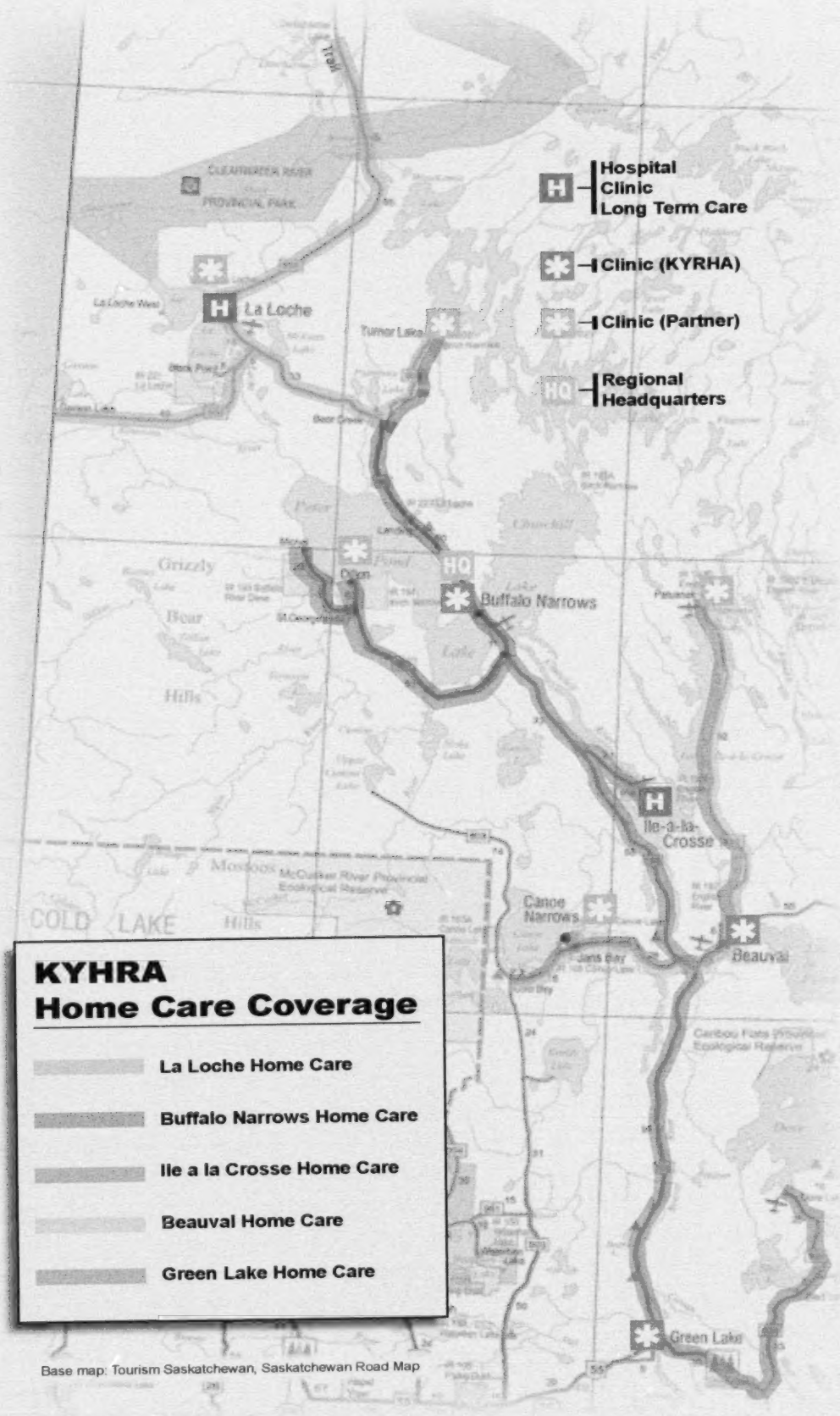
Programs

Available to region residents:

- **Addictions counseling education**
  Client eduction on the effects of alcohol and drug abuse, including one-on-one counseling, follow-up support and home visits;
- **Community diabetic education**
  Counseling for diabetics and those at risk of developing diabetes as well as prevention through education;
- **Community outreach and education**
  Help to understand and make use of community health services and clinics; information on health resources and benefits;
- **Dental clinic**
  Provides and promotes dental care; primary teeth extraction, cavities and fillings; open to children up to the age of 17;
- **Dietitian**
  One-on-one diet counseling and prevention of diseases through education;
- **EMS** - 24-hour emergency services;
- **Home care services**
  Services ensuring quality of life for people with varying degrees of short and long-term illness or disability and support needs; including palliative, supportive and acute care;
- **Mental health therapy**
  Services and interventions for individuals, families, groups and communities experiencing significant distress or dysfunction related to cumulative stress, situational difficulties or difficulties related to biochemical disorders;
- **Nutritionist**
  One-on-one nutrition counseling; prevention of diseases through education;
- **Public health nursing**
  Pre/post natal care, immunizations, school programs and health teaching;
- **Public health inspection**
  Assessment/monitoring of health regulations;
- **Travel coordination**
  Travel arrangements for patients seeing specialists who have no other means of access.

STARS TOUCHES DOWN IN KYRHA

STARS Air Ambulance sets down for the first time in Keewatin Yatthé outside of St. Joseph's Health Centre while on a training mission prior to going into northern service. The new AW139 helicopter enhances access to emergency pre-hospital critical care through more rapid flying times, an expanded service area, a larger medical interior and powerful lift capacity.


Hospital
Clinic
Long Term Care
Clinic (KYRHA)
Clinic (Partner)
Regional Headquarters
La Loche
Buffalo Narrows
Ile-a-la-Crosse
Canoe Narrows
Beauval
Green Lake
KYHRA
Home Care Coverage
La Loche Home Care
Buffalo Narrows Home Care
Ile a la Crosse Home Care
Beauval Home Care
Green Lake Home Care
Base map: Tourism Saskatchewan, Saskatchewan Road Map

3sHealth

3sHealth provides province-wide shared services to support Saskatchewan's healthcare system. Working together with partners, they find innovative solutions to complex problems to help create a sustainable system for future generations. 3sHealth places patients and their families at the centre of all they do, working with partners to improve quality and ensure patient safety.

The shared services provided includes payroll processing and employee benefits administration for over 42,000 healthcare system employees, as well as joint contracting for goods and services. They identify and provide new shared service opportunities to support better health, better care, better value, and better teams.

In 2014-15, 3sHealth developed five values that guide their work, priorities, and interactions with clients and stakeholders. They are:

- Collaboration
- Innovation
- Integrity and trust
- Transparency
- Bold and courageous leadership

In alignment with those values and together with the health regions and SCA, 3sHealth celebrated key achievements in 2014-15:

- Surpassed its five-year cost savings goal of $100 million for the healthcare system, saving over $110 million through collaboration and innovation in provincial contracting, linen savings, and other initiatives.
- Completed, in partnership with Regina Qu'Appelle Health Region and Wascana Rehabilitation Centre, a lean replication event that improved linen handling and inventory management in long-term care units.
- Worked with provincial contracting partners to create a product issue reporting process, ensuring safe, high-quality products are available for patient care across the healthcare system.
- Explored improvement opportunities in areas such as transcription services, the provincial supply chain, environmental services, medical laboratory services, medical imaging services, enterprise resource management, and enterprise risk management, focusing on the ways the system can work together to implement solutions that improve care for patients and their families.

3sHealth thanks its partners for their ongoing commitment to improving healthcare in Saskatchewan. They look forward to continuing their work in 2015-16 and making healthcare better together.

Population Health Unit

The Northern Saskatchewan Population Health Unit is unique in the province. It is a major collaborative initiative of the Athabasca Health Authority (AHA), Keewatin Yatthé Regional Health Authority (KYRHA) and Mamawetan Churchill River Regional Health Authority (MCRRHA), formalized through a Co-Management Partnership Committee memorandum of understanding. The population is approximately 40,000 within a geographical area of 307,180 square kilometres, almost half the province.

The Population Health Unit (PHU) is responsible for health surveillance and health status reporting; health protection and disease control, including enforcement, as mandated by The Public Health Act, 1994 and related regulations. In addition, the unit has a role in population health consultation and advice; population and public health program planning and evaluation; and population health promotion, including: healthy public policy, community development and health education.

The team includes:

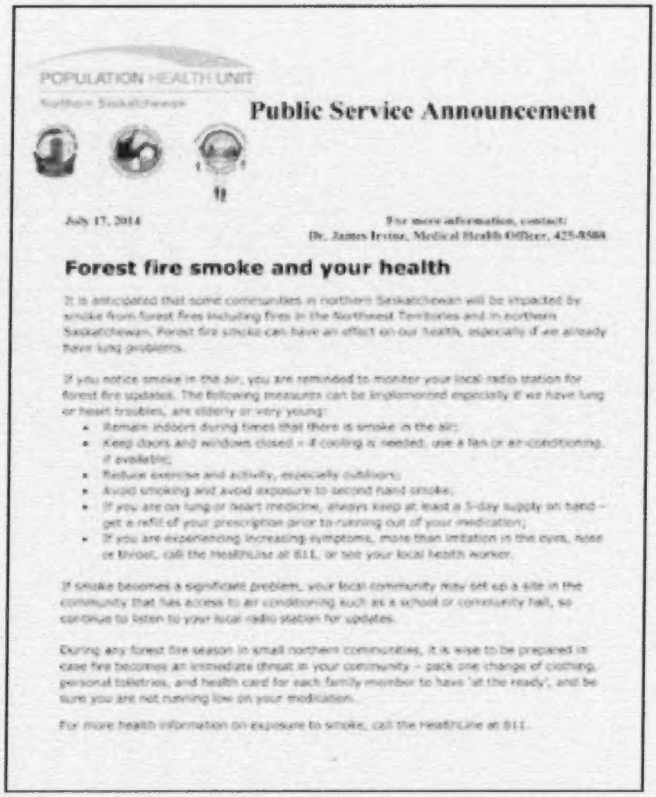
- Medical health officer and deputy medical health officer;

- Environmental health manager, public health inspectors and environmental health protection coordinator;
- Nurse epidemiologist, public health nurse specialist, and TB outreach nurse;
- Communicable disease/immunization coordinator, HIV strategy coordinator and community case workers;
- Infection prevention and control practitioners (one northern and one provincial position);
- Dental health educator/technical consultant; public health nutritionist; and population health promotion coordinator,
- Unit director and administrative support staff.

The Population Health Unit takes a leadership role in the cross-jurisdictional and intersectoral Northern Healthy Communities Partnership (NHCP). In 2014-15 the Healthy Eating Team expanded its School Nutrition Mentorship Project to include five additional schools and is now working to increase the capacity of nine schools on and off reserve to provide nutritious foods to students. The NHCP Building Vibrant Youth team completed its Northern Youth Role Model Campaign, showcasing youth leaders from across the north and supporting them to implement projects in their home communities and facilitate leadership workshops in Fond du Lac and Pelican Narrows. Ongoing NHCP projects include efforts to promote physical activity, to support maternal tobacco cessation and youth tobacco reduction, and the distribution of children's books at immunizations to promote early literacy skills. In 2014-15 NHCP also engaged new partners and funders, including the Saskatchewan Cancer Agency, the Embracing Life Committee and the Heart and Stroke Foundation of Saskatchewan to enhance capacity in health promotion initiatives.

In 2014-15, the Population Health Unit participated in the provincial and northern HIV and high incidence TB strategies, in collaboration with the three northern health authorities. Through supports available for community-based organizations, Scattered Sites initiated a needle exchange program in one community. An HIV awareness initiative engaged northern artists in the creation of images to support the campaign; NORTEP students in the development of an HIV mobile app; and Peer Mentors in community awareness. Northern leaders and staff participated in the provincial TB visioning session to review service delivery across the province, including high incidence communities in northern Sask and identify challenges, gaps and opportunities for improvements. The Population Health Unit is participating in the provincial TB partnership on behalf of the three northern health authorities.

The Population Health Unit assesses health research proposals for Northern Saskatchewan to ensure that they follow quality, safety and ethi-



POPULATION HEALTH UNIT

Northern Saskatchewan

Public Service Announcement

July 17, 2014

For more information, contact:
Dr. James Irvine, Medical Health Officer, 425-8588

Forest fire smoke and your health

It is anticipated that some communities in northern Saskatchewan will be impacted by smoke from forest fires including fires in the Northwest Territories and in northern Saskatchewan. Forest fire smoke can have an effect on our health, especially if we already have lung problems.

If you notice smoke in the air, you are reminded to monitor your local radio station for forest fire updates. The following measures can be implemented especially if we have lung or heart troubles, are elderly or very young:

- Remain indoors during times that there is smoke in the air;
- Keep doors and windows closed – if cooling is needed, use a fan or air-conditioning, if available;
- Reduce exercise and activity, especially outdoors;
- Avoid smoking and avoid exposure to second hand smoke;
- If you are on lung or heart medicine, always keep at least a 5-day supply on hand – get a refill of your prescription prior to running out of your medication;
- If you are experiencing increasing symptoms, more than irritation in the eyes, nose or throat, call the HealthLine at 811, or see your local health worker.

If smoke becomes a significant problem, your local community may set up a site in the community that has access to air conditioning such as a school or community hall, so continue to listen to your local radio station for updates.

During any forest fire season in small northern communities, it is wise to be prepared in case fire becomes an immediate threat in your community – pack one change of clothing, personal toiletries, and health card for each family member to have 'at the ready', and be sure you are not running low on your medication.

For more health information on exposure to smoke, call the HealthLine at 811.

PSA: The Population Health Unit issues advisories alerting northern residents to situations that may affect their health and offers actions to take to under those circumstance.

cal guidelines. In 2014-15, the northern health authorities approved nine research projects and declined two. Eight other research projects started in the process this fiscal year. One study was completed through the Community Vitality Monitoring Partnership, chaired by Dr. James Irvine, on the potential impacts of the uranium industry's workers health and wellness programs.

The Population Health Unit was involved in environmental assessment projects at various stages. These reviews are part of our work with the Saskatchewan Environmental Assessment Review Panel (SEARP). As of December 2014, there were five active environmental assessments occurring in the three northern health authorities. The medical health officer also attended hearings of the Canadian Nuclear Safety Commission as a resource person.

The Northern Saskatchewan Prenatal Biomonitoring Program for environmental chemicals and contaminants is being conducted through a partnership with the Saskatchewan and Alberta Ministries of Health, and Northern Inter-Tribal Health Authority. During 2014-15, the laboratory and statistical analysis was completed and preparation started on the report.

Northern Medical Services

Northern Medical Services (NMS) serves KYRHA with two models of care. La Loche is served by six full-time equivalent physician positions each contributing 26 weeks of service per annum. These are itinerant services, with travel to out-lying clinics. KYRHA provides a duty vehicle for weekly clinics serving Birch Narrows and Turnor Lake. The health region also provides clinic space, support and accommodations, while Northern Medical Services is responsible for recruitment, continuity of service, reimbursement and travel. Ile a la Crosse is served by six full-time equivalent salaried positions and an NMS clinic with six administrative staff. Itinerant services are provided to Beauval, Buffalo Narrows, Dillon and Patuanak.

Prairie North IT

Prairie North Regional Health Authority, through contractual agreement, provides information technology (IT) services to KYRHA that include:

- Technical support services
- Application hosting services
- Data centre services
- Projects
- Networks

With all service requests initially logged through the eHealth service desk (Tier 1), as required these requests are escalated to Prairie North IT (Tier 2) for resolution in a prioritized manner. The Prairie North Tier 2 support team consists of specialists in network and systems management, Windows servers, desktop support, IT security, database administration and application maintenance and support. These specialists focus on using proactive tools and processes designed to reduce the number of infrastructure trouble calls while minimizing the downtime associated with trouble events when they do occur.

Healthcare Organizations

Healthcare organizations, for-profit and non-profit, receive funding from the RHA to provide health services. Two such organizations provide services within KYRHA:

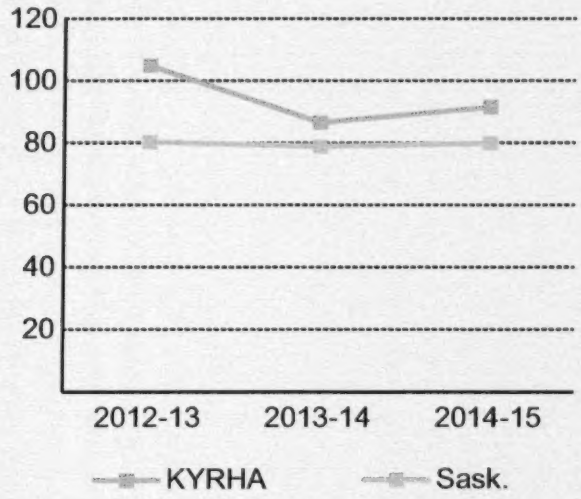
- Meadow Lake Tribal Council (MLTC) provides after hour nursing coverage for adjacent communities; funding to MLTC for provision of these services has been increased:
  - Community Health Development works in partnership with MLTC on a health services integration, focusing on the coordination of mental services and addictions between the two health systems;
  - Also working in partnership with MLTC to develop and deliver a health information/self management guide.
- Ile a la Crosse Friendship Centre runs the Successful Mother's Program that helps give children the best possible start in life.

TEAM

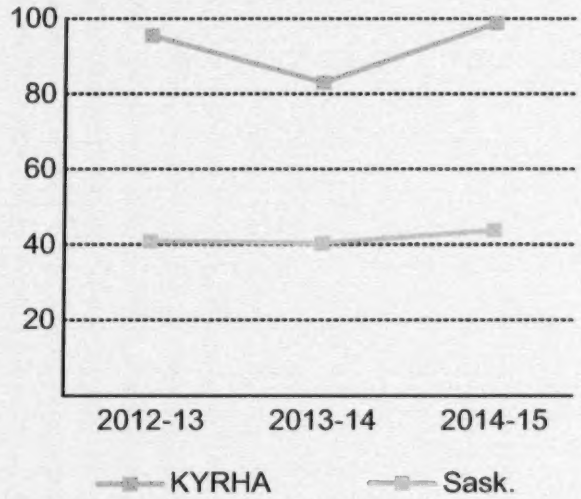
TO PROVIDE OUTSTANDING care across the region, KYRHA depends on a dedicated workforce of over 350 individuals to perform critical activities and services, from direct patient care to food preparation to facility maintenance. KYRHA depends on staff to be knowledgeable and skillful; depends on staff to be professional and respectful; depends on staff to be on the job to deliver consistent, dependable and safe programs and services.

To help keep employees productive and at work – and to improve their health, the health of the organization and ultimately the health of those residents across northwestern Saskatchewan – KYRHA continues with its Abilities Management Program introduced in 2013-14. This process replaces traditional sick notes authorizing absence from work with a personalized process to help staff get healthy and back to work sooner.

Sick Time Hours



Wage Driven Premiums



CONTINUED EFFORT NEEDED: KYRHA sick time hours and wage driven premiums both remain higher than in other health regions. The RHA continues to focus on abilities management as one way to reduce these costs.

GOVERNANCE

General Bylaws

Based on a review of general bylaws used in other jurisdictions, board-approved general bylaws include concepts from best practice in corporate governance and are developed and enacted to:

a. Provide an administrative structure for the governance of the affairs of the board;
b. Promote the provision of quality health care services;
c. Improve the health standards of the residents of the health region through the provision of quality health services.

Board Education

Board members participated in the Health Director Education & Certification Program, designed to ensure Saskatchewan directors have the skills, knowledge, attitude and capabilities to fully contribute to the pursuit of excellence in corporate governance in the health sector.

The director certification program is comprised of separate two-day long modules plus a comprehensive exam, and it has been designed to ensure that each director has the ability to take all components of the governance training program over a period of approximately two years.

At the completion of this program, directors will possess:

- Skills and competence required to fulfill their roles as board members in the health sector;
- Excellent knowledge of the function of corporate governance and how it operates within their organizational structure;
- Good knowledge of finance specific to the Saskatchewan health sector and the tools and know-how to use financial information appropriately;
- Good understanding of their own personal strengths and weaknesses, and be able to continually develop themselves to meet their future needs.

KYRHA BOARD MEMBERS

Tina Rasmussen
(Chair) Green Lake

Bruce Ruelling
(Vice-Chair) La Loche

Elmer Campbell
Dillon

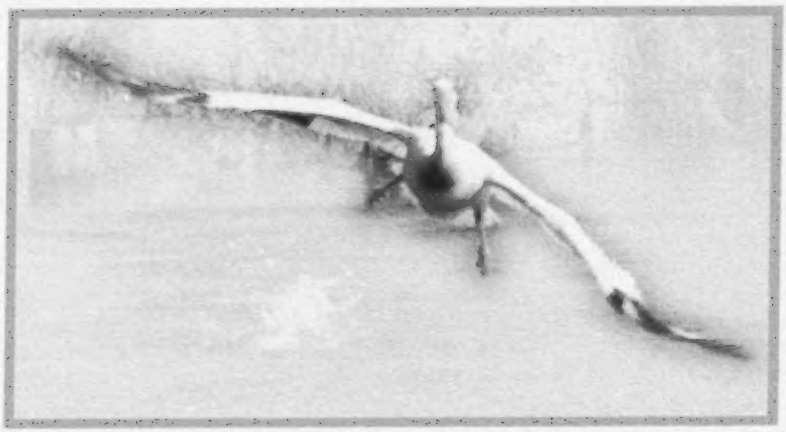
Barb Flett
Ile a la Crosse

Patty Gauthier
Beauval

Kenneth (Tom) Iron
Canoe Lake

Myra Malboeuf
Ile a la Crosse

Robert (Bobby) Woods
Buffalo Narrows



PROGRESS 2014 - 2015

Better

Putting Patients First
Transforming Health Care through Lean

Building the Saskatchewan Health Care System in the Keewatin Yatthé Health Region

Learning and applying Lean principles and tools to our unique local environment; collaborating with the Ministry, other RHAs and health agencies to create a local, homegrown, "made in Saskatchewan" approach to building a world-class health system; embracing and practicing daily management and strategic deployment while working towards cross-functional management: Our most fundamental break-through work, Building the Saskatchewan Health Care Management System in the Keewatin Yatthé Regional Health Authority supports all four betters. The adoption and practice of Lean principles and tools on which this system is founded made the success of other regional breakthrough projects possible.

Work done to build and strengthen the Saskatchewan Health Care Management System in northwest Saskatchewan can be classified in two areas:

- Training
  - Lean Leader
  - Kaizen Basics
- Continuous incremental improvement
  - Rapid process improvement workshops
  - 5S
  - Mistake proofing
  - Daily visual management

Training

Lean Leader Training

At March 31, 2015, 17 leaders and managers were engaged in development of in-depth knowledge about and the capability to apply Lean principles and methods through the Lean Leader Training certification process.

Kaizen Basics

Staff Training Kaizen Basics

79% **21%**

Full time 220
Part time 20
Casual 79
TOTAL 319

27 March 2015

Delivering Kaizen Basics to frontline employees across the expansive health region was an initial KPO target. Staff shortages, scheduling issues and infrequent hours of some casual staff resulted in several target downgrades. Still, by year end nearly 80 per cent of staff had received training. As a new year started, the Kaizen Promotion Office was re-evaluating the Kaizen Basic training schedule, shifting focus to assisting frontline staff improve daily visual management (including the huddle process).

Continuous Incremental Improvement

Continually improving the way care is organized and delivered across the region has become daily work — aided by focused improvement events, including rapid process improvement workshops (RPIWs), kanban, 5S campaigns, mistake-proofing projects and the ongoing development and practice of daily visual management and standard work.

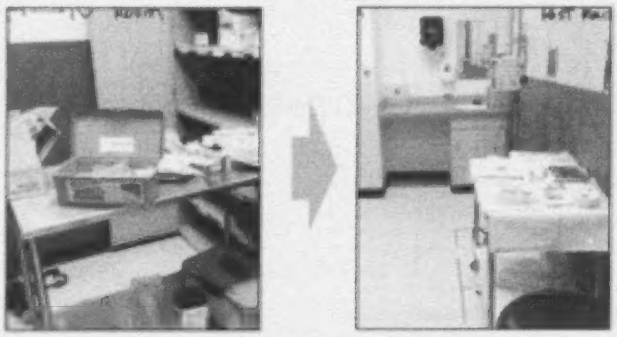
Rapid Process Improvement Workshop #1
REDUCE LEAD TIME, PREASSSESMENT TO PATIENT EXIT, LA LOCHE CLINIC BY 50%
La Loche Health Centre — October 2014

NUMBER ONE: KYRHA's first RPIW team — senior leaders and frontline staff, care providers and patient advisors — quickly grasped Lean principles and tools. Lessons learned and passed along to RPIW #2 included the power of "continous" auditing.

RPIW

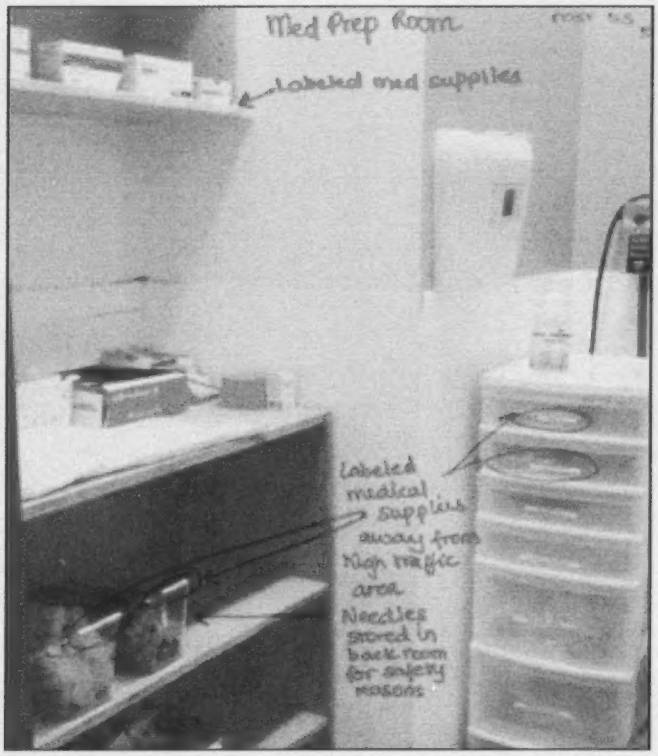
KYRHA's first two rapid process improvement workshops were held in October 2014 and February 2015, both in the La Loche Health Centre. One focused on reducing lead time, pre-assessment to patient exit, in the clinic, while the second targeted reducing lead time of patients being seen by an RN or physician in the ER.

RPIW #2 Gains and Improvements



Storage room, with outdated supplies, repurposed for safe, comfortable IV care.

Walking eliminated for nurses	**54 Steps**	**Inventory returned to stores**	**$1,200**


Med Prep Room
Labeled med supplies
Labeled medical supplies away from high traffic area
Needles stored in back room for safety reasons

MULTIPLYING EFFECT: 5S can free up space. Continous improvement can add to the gain. Gaining privacy to safeguard medication handling with a new meds room in RPIW #2, when an IV treatment room was located next door in RPIW #2, nurses gained time to spend with patients through reduced walking distance.

5S

Two 5S (sort, simplify, sweep, standardize, sustain) projects were associated with La Loche RPIWs. One created marked improvement in the handling of medications at the ER nurse's desk through creation of a medication preparation room that both secured medications and provided nurses with privacy while handling meds.

Mistake Proofing

A successful mistake-proofing project was completed (February 2015) at the Buffalo Narrows Clinic where a process was created, tested and implemented to eliminate defects in blood samples causing samples to be rejected by the Ile a la Crosse/St. Joseph's Health Centre lab.

Daily Visual Management

Starting with the corporate visibility (vis) wall, daily visual management spread to the frontline with huddle board/vis wall development.

While regionally reported metrics remained constant throughout the year, what began to change as the year progressed was the adding of targets as well as responsibility for ensuring the targets were either met or action plans developed to correct course.

KYRHA CORPORATE WALL WALK 2014-15 SCHEDULE

Week 1	Quality and Safety	Quality metrics • # critical incidents with outstanding recommendations • % patients rating hospital stay 10-9-8 • # Accreditation compliance tests met Safety metrics • Outbreaks • Hand hygene • Falls • Employee injuries
Week 2	Delivery and Engagement (Morale)	Engagement metrics • # staff in Kaizen Basics • Lean leaders in training • Lean events attended • # staff doing huddles
Week 3	Cost	Budget variance
Week 4	"Better" Hoshins	Regular report on progress informed by A3s: green, yellow red Community of colleagues assists to resolve problems

Better Care

In partnership with patients and families, improve the individual's experience, achieve timely access and continuously improve healthcare safety.

Jump Start Electronic Medical Records

Recognizing safety risks can be mitigated and quality of care enhanced through adoption of electronic medical records, focus efforts on creating the foundation necessary for deploying and maintaining such a system within the region.

- By March 31, 2014, implement an electronic patient registration system (WinCIS); with hardware and software in place and staff trained.

As March 31, 2014 approached and the 2013-14 fiscal/hoshin year drew to a close, it was clear that the target date for implementation of an electronic patient registration system within KYRHA would not be met.

As hoshin or breakthrough events were understood to be "must do, can't fail" undertakings — and the WinCIS project was seen as foundational for further improvement work — this hoshin was carried over into 2014-15.

Root cause analysis determined a number of reasons for missing target:

- ***Scope***: Not focused on immediate goal, looking too far into the future (EMR) when establishing basic electronic patient registration goal;
- ***Team make up***: Not all the "right people," lack of knowledge and expertise to fully understand all steps and processes;
- ***Team availability***: Other projects/ responsibilities divided attention;
- ***Meetings***: Regular meeting time too late in the day, too late in the week;
- ***Communication***: Team members needed more data and progress results; organization needed milestone and benefit information.

A corrective action plan was created to put the project back on track that included:

- Assigning a new target date;
- Arranging new meeting days and times;
- Evaluating team membership, adding internal members, seeking outside help;

- Creating and putting a new communications plan in place (broader reach, earlier roll out);
- Standardizing a new registration process;
- Training super-users and users;
- Continuing deployment of equipment (already ordered, some already in place);
- Checking and testing configurations;
- Testing system.

Through the dedicated effort of the new KYRHA WinCIS team, bolstered by assistant from eHealth and Prairie North RHA (Health Information and IT), paper records went digital on September 16, 2014. For the first time demographic information (name, address, health number and other personal information) as well as information about admissions, discharges and transfers was electronically captured and stored for patients receiving healthcare services in KYRHA Ile a la Crosse and La Loche facilities.

Better Care

In partnership with patients and families, improve the individual's experience, achieve timely access and continuously improve healthcare safety.

Implementation of RIS-PACS

- By March 31, 2015, implement Radiology Information System - Picture Archiving and Communications System (RIS-PACS); with hardware and software in place and staff trained.

Problem

Diagnostic imaging workflow gap delays diagnosis and timely treatment, causing undue stress and health status uncertainty for patients and additional system cost and further stress to patients through rework (duplicate diagnostic imaging/reports). Potential for loss or misdirection of film and reports during physical transport, further delaying diagnosis and treatment. Presently, images are produced digitally but transferred to film for transport to out-of-region radiologists, with turnaround time to referring physicians up to 28 days. Patients treated out-of-region subject to repeat testing (and repeat radiation exposure) as original studies are not available when and where patients present. Films may be lost or delayed in transport, while results may be misdirected – often when referred by a locum.

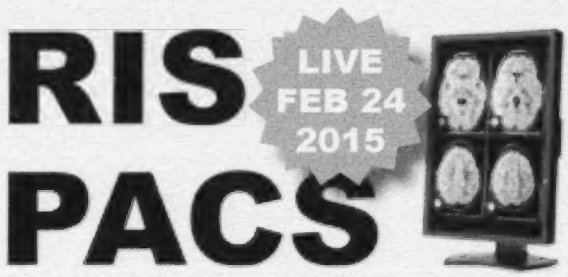
Cause

i. Inability to digitally share diagnostic images and reports;
ii. Lack of full digital workflow;
iii. Lack of electronic connectivity;
iv. Lack of hardware, software and training;
v. Lack of commitment, funding and strategy.

Future State

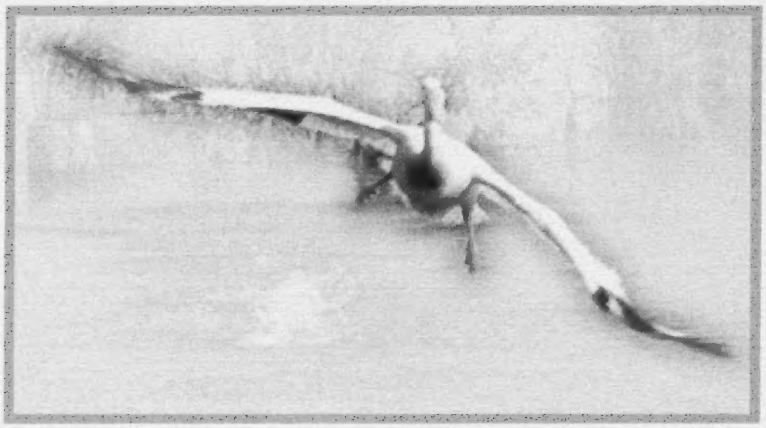
Access to diagnostic images and reports online and from any location:

1. Decrease test-to-results waiting time;
2. Decrease time to diagnosis and appropriate treatment;
3. Reduce repeat diagnostic exams through previous studies availability;
4. Reduce patient transfers due to ability to quickly transfer diagnostic images;
5. Eliminate cost (a) to convert digital images to film and (b) physically transport film/results.



The eventual success of WinCIS implementation proved foundational for the success of RIS-PACS on a number of fronts, building the infrastructure necessary on which to build RIS-PACS as well as the project management skills necessary to see the project through. Having developed more internal capacity as well as securing additional outside assistance (more help from Prairie North, this time from Diagnostic Imaging), RIS-PACS was never allowed to fall behind to the degree that set WinCIS back, with the project actually being completed ahead of schedule.

Only online for a few short weeks prior to the end of 2014-15, the new system was already living up to future state expectations with phsyicans reporting vastly improved turnaround times from test to result (from weeks and days, to days and hours).



FINANCIAL INFORMATION

May 27, 2015

Keewatin Yatthé Regional Health Authority

Report of Management

The accompanying financial statements are the responsibility of management and are approved by the Keewatin Yatthé Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

- The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Finance/Audit Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Jean-Marc Desmeules
Chief Executive Officer

Edward Harding
Executive Director of
Finance and Infrastructure

2014-15 FINANCIAL OVERVIEW

THE ACCOUNTS OF KEEWATIN Yatthé Regional Health Authority (KYRHA) are maintained in accordance with the restricted fund method of accounting for revenues. Consequently, you will see an "operating fund" and a "capital fund" in these statements. The operating fund records the revenue received and the expenses incurred to provide daily healthcare services to the residents of the region. The capital fund records revenue received to purchase equipment/ infrastructure and the expenses relating to the cost of equipment and infrastructure used in the delivery of healthcare services.

Based on operating fund expenses of $29.1 million, KYRHA spent $79,627 per day to deliver health care in 2014-15

Operating Fund

KYRHA ended the fiscal year with a surplus of $423,315 in its operating fund as noted on Statement 2 of the financial statements. A portion of this surplus has been applied against the 2013-14 operating fund unrestricted deficit of $1,182. The remaining surplus of $422,133 was transferred to the internally restricted fund (Schedule 4). This fund is used to purchase new or replace broken equipment in order to continue providing healthcare services.

As of March 2015, the operating fund had a working capital surplus of $770,900. The working capital ratio is an indication of an organization's ability to pay its financial obligations in a timely manner. This indicator is calculated as "current assets" less "current liabilities" in the operating fund as per the Statement of Financial Position (Statement 1) in the audited financial statements. Currently, the region is operating with a positive 9.68 days of working capital in the operating fund.

Expenditures

As noted on Statement 2, actual operating fund expenses for 2014-15 were $29.064 million, which equates to spending $79,627 per day to deliver healthcare services within our region. The $29.064 million in operating expenses represents a 4.6 per cent increase over 2013-14 actual operating expenses. When compared to the 2014-15 budget, actual expenses came in under the 2014-15 Budget by $9,336. The delivery of health care is very labour intensive. Of the $29.064 million spent, eighty per cent (80 per cent) relates to salaries and benefits paid to employees.

With respect to salaries for fiscal 2014-15, sick leave and wage driven premiums continue to be an area of concern:

1. KYRHA saw a $66,088 increase in sick leave costs when compared to the previous fiscal year.
2. KYRHA saw a $429,872 increase in wage driven premiums when compared to the previous fiscal year. Vacant positions, especially in nursing contributed to this increase.
3. During the fiscal year, KYHRA made payments totaling $335,500 to healthcare organizations located within our region to provide services to our residents as follows:
   Meadow Lake Tribal Council ... $292,000
   Ile a la Crosse Friendship Centre $43,500

Revenue

As noted on Statement 2, actual operating fund revenues totaled $29.487 million, of which

Ministry of Health funding accounted for $27.1 million or ninety two per cent (92 per cent) of the region's total funding.

Capital Fund

KYRHA ended the fiscal year with a deficit of $984,930 in its capital fund as noted on Statement 2 of the financial statements. Actual revenue totaled $193,924 while actual expenses totaled $1,178,854. The expenses represent the allocation of capital assets' cost over their estimated useful life.

The region spent $334,258 for equipment and infrastructure purchases in the 2014-15 fiscal year as noted on Statement 4 of the financial statements. The sources for funding these purchases can be found on Schedule 3 and Schedule 4 of the financial statements.

Other

KYRHA holds special purpose funds that are classified as "deferred funds". These funds are held for specific purposes and can only be drawn down when those conditions are met. As of March 31, 2015, deferred funds totaled $437,557. These deferred funds are listed in Note 5 of the financial statements and are broken down by Ministry of Health and other categories.

Keewatin Yatthé Regional Health Authority

The Wholistic Health of Keewatin Yatthé Health Region Residents

Keewatin Yatthé Regional Health Authority

Financial Statements 2014 -15

Management's Responsibility

To the Saskatchewan Ministry of Health:

Management is responsible for the preparation and presentation of the accompanying financial statements, including responsibility for significant accounting judgements and estimates in accordance with Canadian public sector accounting standards for government not-for-profit organizations and ensuring that all information in the annual report is consistent with the statements. This responsibility includes selecting appropriate accounting principles and methods, and making decisions affecting the measurement of transactions in which objective judgment is required.

In discharging its responsibilities for the integrity and fairness of the financial statements, management designs and maintains the necessary accounting systems and related internal controls to provide reasonable assurance that transactions are authorized, assets are safeguarded and financial records are properly maintained to provide reliable information for the preparation of financial statements.

The Board of Directors is composed entirely of Directors who are neither management nor employees of the Regional Health Authority. The Board is responsible for overseeing management in the performance of its financial reporting responsibilities, and for approving the financial information included in the annual report. The Board fulfils these responsibilities by reviewing the financial information prepared by management and discussing relevant matters with management and external auditors. The Board is also responsible for the appointment of the Regional Health Authority's external auditors.

MNP LLP is appointed by the Board of Directors to audit the financial statements and report directly to them; their report follows. The external auditors have full and free access to, and meet periodically and separately with, both the Board and management to discuss their audit findings.

May 27, 2015

Chief Executive Officer

Executive Director of
Finance and Administration

Independent Auditors' Report

To the Board of Directors of Keewatin Yatthe' Regional Health Authority:

We have audited the accompanying financial statements of Keewatin Yatthe' Regional Health Authority, which comprise the statement of financial position as at March 31, 2015 and the statements of operations, changes in fund balances, and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian Public Sector Accounting Standards for government not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility
Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall financial statement presentation.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion
In our opinion, the financial statements present fairly, in all material respects, the financial position of Keewatin Yatthe' Regional Health Authority as at March 31, 2015 and the results of its operations changes in fund balances and its cash flows for the year then ended in accordance with Canadian Public Sector Accounting Standards for government not-for-profit organizations.

Prince Albert, Saskatchewan

May 27, 2015

MNP LLP

Chartered Accountants

101 - 1061 Central Avenue, Prince Albert, Saskatchewan, S6V 4V

MNP LLP

Statement 1

Statement of Financial Position
As at March 31, 2015

	Operating Fund	Restricted Capital Fund	Total March 31, 2015	Total March 31, 2014 (Note 9)
ASSETS				
Current assets				
Cash and short-term investments (Note 7, Schedule 2)	$ 3,331,444	$ 1,248,407	$ 4,579,851	$ 5,785,623
Accounts receivable	749,638	115	749,753	592,961
Inventory	237,636	-	237,636	266,078
Prepaid expenses	146,318	-	146,318	138,749
	4,465,036	1,248,522	5,713,558	6,783,411
Investments (Schedule 2)	10,000	1,089	11,089	11,089
Capital assets (Note 3)	-	21,292,145	21,292,145	22,136,740
Total Assets	$ 4,475,036	$ 22,541,756	$ 27,016,792	$ 28,931,240
LIABILITIES & FUND BALANCES				
Current liabilities				
Accounts payable	$ 1,315,014	$ -	$ 1,315,014	$ 1,790,549
Accrued salaries	563,531	-	563,531	515,273
Vacation payable	1,378,034	-	1,378,034	1,403,271
Deferred Revenue (Note 5)	437,557	-	437,557	1,362,077
	3,694,136	-	3,694,136	5,071,170
Long term liabilities				
Employee future benefits (Note 10.b)	780,900	-	780,900	756,700
Total Liabilities	4,475,036	-	4,475,036	5,827,870
Fund Balances:				
Invested in capital assets	-	21,292,145	21,292,145	22,136,740
Externally restricted (Schedule 3)	-	202,860	202,860	168,461
Internally restricted (Schedule 4)	-	1,046,751	1,046,751	799,351
Unrestricted	-	-	-	(1,182)
Fund balances – (Statement 3)	-	22,541,756	22,541,756	23,103,370
Total Liabilities & Fund Balances	$ 4,475,036	$ 22,541,756	$ 27,016,792	$ 28,931,240

Contractual Obligations (Note 4)
Pension Plan (Note 10.a)

Approved by the Board of Directors:

P. Daurnier

The accompanying notes and schedules are part of these financial statements.

Statement 2

Statement of Operations
For the Year Ended March 31, 2015

	Operating Fund			Restricted Capital Fund	
	Budget 2015 (Note 11)	2015	2014	2015	2014
REVENUES					
Ministry of Health - general	$ 26,958,423	$ 27,098,278	$ 26,360,894	$ 165,565	$ 28,690
Other provincial	692,094	759,764	481,371	-	-
Federal government	85,000	52,571	5,000	-	-
Patient & client fees	1,082,300	1,201,109	1,038,200	-	-
Out of province (reciprocal)	7,500	3,512	7,898	-	-
Donations	-	201	20	460	520
Investment	60,000	73,189	61,248	-	-
Recoveries	47,250	62,139	49,318	-	-
Other	140,500	236,283	50,601	27,899	3,500
Total revenues	**29,073,067**	**29,487,046**	**28,054,550**	**193,924**	**32,710**
EXPENSES					
Inpatient & resident services					
Nursing Administration	301,947	324,736	309,573	275	275
Acute	4,701,943	5,026,486	4,553,575	73,862	90,774
Supportive	1,854,043	1,782,791	1,908,828	33,191	33,201
Total inpatient & resident services	**6,857,933**	**7,134,013**	**6,771,976**	**107,328**	**124,250**
Physician compensation	**42,750**	**37,216**	**36,000**	**-**	**-**
Diagnostic & therapeutic services	**2,106,870**	**1,979,811**	**1,986,267**	**59,759**	**54,124**
Community health services					
Primary health care	2,506,620	2,693,636	2,712,305	14,762	16,526
Home care	1,404,603	1,424,401	1,495,268	333	333
Mental health & addictions	3,072,913	2,698,315	2,396,691	901	901
Population health	3,184,880	2,800,019	2,740,148	26,867	26,419
Emergency response services	2,183,792	2,502,054	2,490,353	49,762	48,472
Total community health services	**12,352,808**	**12,118,425**	**11,834,765**	**92,625**	**92,651**
Support services					
Program support	3,718,972	3,497,632	3,083,768	67,750	71,489
Operational support	3,889,534	4,188,091	3,980,496	851,392	848,737
Other support	80,000	84,343	78,774	-	-
Employee future benefits	24,200	24,200	18,700	-	-
Total support services	**7,712,706**	**7,794,266**	**7,161,738**	**919,142**	**920,226**
Total expenses (Schedule 1)	**29,073,067**	**29,063,731**	**27,790,746**	**1,178,854**	**1,191,251**
Excess (deficiency) of revenues over expenses	**$ -**	**$ 423,315**	**$ 263,804**	**$ (984,930)**	**$ (1,158,541)**

The accompanying notes and schedules are part of these financial statements

Statement 3

Statement of Changes in Fund Balances
For the Year Ended March 31, 2015

2015	Operating Fund	Capital Fund	Total 2015
Fund balance, beginning of year	$ (1,182)	$ 23,104,552	$ 23,103,370
Excess (deficiency) of revenues over expenses	423,315	(984,930)	(561,614)
Interfund transfers (Note 13)	(422,133)	422,133	-
Fund balance, end of year	$ -	$ 22,541,756	$ 22,541,756

2014	Operating Fund	Capital Fund	Total 2014
Fund balance, beginning of year	$ (264,986)	$ 24,263,091	$ 23,998,105
Excess (deficiency) of revenues over expenses	263,804	(1,158,541)	(894,737)
Interfund transfers (Note 13)	-	-	-
Fund balance, end of year	$ (1,182)	$ 23,104,552	$ 23,103,370

Statement 4

Statement of Cash Flow
For the Year Ended March 31, 2015

	Operating Fund		Restricted Capital Fund	
	2015	2014	2015	2014
Cash Provided by (used in):				
Operating activities:				
Excess (deficiency) of revenue over expenditure	$ 423,315	$ 263,804	$ (984,930)	$ (1,158,541)
Net change in non-cash working capital (Note 6)	(1,488,684)	707,016	(69)	(10)
Amortization of capital assets	-	-	1,178,854	1,191,251
	(1,065,369)	970,820	193,855	32,700
Capital activities:				
Purchase of capital assets				
Equipment	-	-	(334,258)	(316,025)
	-	-	(334,258)	(316,025)
Net (decrease) increase in cash & short term investments during the year	(1,065,369)	970,820	(140,403)	(283,325)
Cash & short term investments, beginning of year	4,818,946	3,848,126	966,677	1,250,002
Interfund transfers (Note 13)	(422,133)	-	422,133	-
Cash & short term investments, end of year (Schedule 2)	**$ 3,331,444**	**$ 4,818,946**	**$ 1,248,407**	**$ 966,677**

Notes to the Financial Statements
As at March 31, 2015

1. Legislative Authority

The Keewatin Yatthé Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Keewatin Yatthé Health Region, under section 27 of The Act. The RHA is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These consolidated financial statements have been prepared in accordance with Canadian public sector accounting (PSA) standards, issued by the Public Sector Accounting Board and published by CPA Canada. The RHA has adopted the standards for government not-for-profit organizations, set forth at PSA Handbook section PS 4200 to PS 4270. The RHA has also adopted section PS 3260, Liability for Contaminated Sites, as further explained in Note 14.

a) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for revenues. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets. The capital fund includes revenues from Saskatchewan Health - General Revenue Fund provided for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

Notes to the Financial Statements
As at March 31, 2015

b) Revenue

Unrestricted revenues are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted revenues related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted revenues are recognized as revenue of the appropriate restricted fund in the year.

c) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	2½% to 5%
Leasehold improvements	5%
Equipment	5% to 33%

Donated capital assets are recorded at their fair market value at the date of contribution (if fair value can be reasonably determined).

d) Inventory

Inventory consists of general stores and pharmacy. All inventories are held at the lower of cost or net realizable value as determined on the first in, first out basis.

e) Employee Future Benefits

i) Pension

Employees of the RHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

ii) Accumulated Sick Leave Benefit Liability

The RHA provides sick leave benefits for employees that accumulate but do not vest. The RHA recognizes a liability and an expense for sick leave in the period in which employees render services in return for the benefits. The liability and expense is developed using an actuarial cost method.

f) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian public sector accounting standards. In the preparation of the financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of contractual obligations and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

g) Financial Instruments

Cash, short-term investments, accounts receivable, long-term investments, accounts payable, accrued salaries and vacation payable are classified in the fair value category. Gains and losses on these financial instruments are recognized in the Statement of Operations when the financial asset is derecognized due to disposal or impairment. Long term debt and mortgages payable are carried at amortized cost.

Financial assets in the fair value category are marked-to-market by reference to their quoted bid price. Sales and purchases of investments are recorded on the trade date. Investments consist of guaranteed investment certificates, term deposits, bonds and debentures. Transaction costs related to the acquisition of investments are expensed.

As at March 31, 2015 (2014 – none), the RHA did not have any outstanding contracts or financial instruments with embedded derivatives. Financial assets are categorized as level 1 in the fair value hierarchy (see Note 12).

3. Capital Assets

	March 31, 2015			March 31, 2014
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	$ 115,000	$ -	$ 115,000	$ 115,000
Buildings/Leasehold Improvements	28,410,399	(8,512,632)	19,897,767	20,730,174
Equipment	5,927,174	(4,647,796)	1,279,378	1,291,566
	$ 34,452,573	$ (13,160,428)	$ 21,292,145	$ 22,136,740

4. Contractual Obligations

a) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next five fiscal years are as follows:

2015-2016	$ 356,616
2016-2017	$ 6,291
2017-2018	$ 6,291
2018-2019	$ 6,291
2019-2020	$ -

Notes to the Financial Statements
As at March 31, 2015

5. Deferred Revenue

As at March 31, 2015	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Aboriginal Awareness Training	$ 10,585	$ -	$ -	$ 10,585
Autism Framework and Action Plan	136,458	136,458	-	-
Patient Family Centered Care	3,240	-	-	3,240
Children's Mental Health Services	19,269	19,269	-	-
Health Quality Council - Lean Funding	1,544	1,544	-	-
Case Management Training	6,477	6,477	-	-
Nurse Recruitment and Retention	168,519	168,519	-	-
Nursing Safety Training Initiative	10,324	10,324	-	-
Primary Care ILX, LCH - Compensation	36,441	36,441	-	-
New Alcohol and Drug Initiatives	160,526	160,526	-	-
Safety Training	2,040	2,040	-	-
Sask Housing Capital Fund Refund	35,063	35,063	-	-
Surgical Initiatives	72,151	72,151	-	-
Team Development (Facilitator Position)	49,702	49,702	-	-
Def Representative Workforce	11,579	9,225	-	2,354
Enhanced Preventive Dental Service	105,794	130,821	106,450	81,423
Bursaries	10,000	-	-	10,000
Primary Health Care Redesign	88,264	42,804	-	45,460
3S Health Gateway	9,382	9,382	-	-
eHealth Transformation Fund	86,293	79,995	-	6,298
Action Fund for Long Term Care	19,963	19,963	-	-
Compensation	-	-	145,669	145,669
Total Sask Health	$1,043,614	$ 990,704	$ 252,119	$ 305,029
Non Sask Health Initiatives				
Mamawetan Churchill River RHA	$ 19,609	$ -	$ -	$ 19,609
Diabetes Relay	3,634	-	-	3,634
Infection Control	9,052	1,999	-	7,053
Sask Housing Refund	131,360	286,321	154,961	-
Cognitive Disability	49,180	103,683	106,332	51,829
Ski Trail Buffalo Narrows	7,504	10,394	4,000	1,110
Fundraising Ile a La Crosse	1,085	-	150	1,235
Vending Machines Ile a La Crosse	42,097	60,392	18,295	-
LaLoche Fundraising	1,500	-	-	1,500
Peers Helping Peers	11,426	10,613	-	813
Buffalo Narrows Community Garden	3,000	3,000	-	-
Children Exposed to Violence	38,554	83,313	78,230	33,471
P.A.R.T.Y Program	462	-	-	462
Buffalo Narrows Tiny Tots Program	-	188	12,000	11,812
Total Non Sask Health	$ 318,463	$ 559,903	$ 373,968	$ 132,528
Total Deferred Revenue	$1,362,077	$ 1,550,607	$ 626,087	$ 437,557

Notes to the Financial Statements
As at March 31, 2015

As at March 31, 2014	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Aboriginal Awareness Training	$ 10,585	$ -	$ -	$ 10,585
Autism Framework and Action Plan	112,608	27,250	51,100	136,458
Patient Family Centered Care	3,240	-	-	3,240
Children's Mental Health Services	19,269	-	-	19,269
Diabetes Educator	-	31,991	31,991	-
Health Quality Council - Lean Funding	4,291	2,747	-	1,544
HIPA	876	876	-	-
Home Care STA	8,715	8,715	-	-
Case Management Training	6,477	-	-	6,477
Mentorship July 1-Nov 30, 2008	10,900	10,900	-	-
Nurse Recruitment and Retention	168,519	-	-	168,519
Nursing Safety Training Initiative	10,324	-	-	10,324
Out of Scope Lifestyle	1,902	1,902	-	-
Primary Care Team Development NP	3,608	3,608	-	-
Primary Care ILX, LCH - Compensation	128,441	92,000	-	36,441
New Alcohol and Drug Initiatives	173,788	13,262	-	160,526
Safety Training	5,839	3,799	-	2,040
Sask Housing Capital Fund Refund	35,063	-	-	35,063
Surgical Initiatives	78,184	6,033	-	72,151
Team Development (Facilitator Position)	157,361	107,659	-	49,702
Preceptor Recognition	584	584	-	-
Def Representative Workforce	14,654	3,075	-	11,579
Enhanced Preventive Dental Service	92,077	69,379	83,096	105,794
Bursaries	-	-	10,000	10,000
Primary Health Care Redesign	170,000	81,736	-	88,264
3S Health Gateway	30,000	20,618	-	9,382
eHealth Transformation Fund	-	13,787	100,080	86,293
Action Fund for Long Term Care	-	10,037	30,000	19,963
Total Sask Health	$ 1,247,305	$ 509,958	$ 306,267	$ 1,043,614
Non Sask Health Initiatives				
Mamawetan Churchill River RHA	$ 19,609	$ -	$ -	$ 19,609
Diabetes Relay	3,634	-	-	3,634
Infection Control	11,984	2,932	-	9,052
Sask Housing Refund	64,378	17,934	84,916	131,360
Cognitive Disability	7,007	63,333	105,506	49,180
Ski Trail Buffalo Narrows	34,500	40,226	13,230	7,504
Fundraising Ile a La Crosse	535	-	550	1,085
Vending Machines Ile a La Crosse	48,322	18,819	12,594	42,097
La Loche Fundraising	-	-	1,500	1,500
Peers Helping Peers	-	450	11,876	11,426
Buffalo Narrows Community Garden	-	-	3,000	3,000
Children Exposed to Violence	-	-	38,554	38,554
P.A.R.T.Y Program	-	-	462	462
Total Non Sask Health	$ 189,969	$ 143,694	$ 272,188	$ 318,463
Total Deferred Revenue	$ 1,437,274	$ 653,652	$ 578,455	$ 1,362,077

Notes to the Financial Statements
As at March 31, 2015

6. Net Change in Non-Cash Working Capital

	Operating Fund		Restricted Capital Fund	
	2015	2014	2015	2014
(Increase) Decrease in accounts receivable	$ (156,724)	$ 188,044	$ (69)	$ (10)
(Increase) Decrease in inventory	28,443	38,410		
(Increase) Decrease in prepaid expenses	(7,569)	135,762		
(Increase) Decrease in financial instruments	-	(177)		
Increase (Decrease) in accounts payable	(5,229)	274,485		
Increase (Decrease) in employee future benefits	24,200	18,700		
Increase (Decrease) in accrued salaries	(422,048)	70,416		
Increase (Decrease) in vacation payable	(25,237)	56,573		
Increase (Decrease) in deferred revenue	(924,520)	(75,197)		
	$(1,488,684)	$ 707,016	$ (69)	$ (10)

7. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2015, was $54,568 (2014 - $36,715).

8. Related Parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transactions are included in the financial statements at exchange amounts which approximate prevailing market rates charged by those organizations and are settled on normal trade terms.

In Addition, the RHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

Notes to the Financial Statements
As at March 31, 2015

	2015	2014
Revenues		
3sHealth	$ 31,697	$ 134,233
eHealth Saskatchewan	-	100,080
Mamawetan Churchill River Regional Health Authority	287,936	192,693
Ministry of Health - Northern Transportation	181,757	194,833
Ministry of Health - Senior Citizens' Ambulance Assistance Program	32,209	29,218
Ministry of Justice	268	936
Saskatchewan Government Insurance	25,977	36,797
Saskatchewan Housing Corporation	119,530	-
Saskatoon Regional Health Authority	275	51,100
Related Party Revenues	$ 679,649	$ 739,890

	2015	2014
Expenditures		
3sHealth	$ 880,012	$ 790,328
Athabasca Health Authority	1,648	-
eHealth Saskatchewan	-	11,927
Ile a La Crosse School Division No.112	150,314	84,745
M.D. Ambulance Care Ltd.	44,605	84,275
Mamawetan Churchill River Regional Health Authority	90,065	267,262
Ministry of Government Relations	19,924	666,795
North Sask Laundry & Support Services Ltd.	108,815	105,070
Prairie North Regional Health Authority	91,556	77,645
Prince Albert Parkland Regional Health Authority	-	1,000
Provincial Public Safety	-	19,924
Public Employees Pension Plan	66,977	64,798
Saskatchewan Government Insurance	12,173	4,147
Saskatchewan Health Employees Pension Plan	2,269,443	2,064,590
Saskatchewan Power Corporation	165,357	157,418
Saskatchewan Telecommunications	166,058	170,662
Saskatchewan Transportation Company	2,405	276
Saskatchewan Workers' Compensation Board	201,522	213,653
Saskatoon Regional Health Authority	13,968	14,843
University of Regina	683	6,237
University of Saskatchewan	5,299	896
Related Party Expenditures	$4,290,824	$4,806,491

Notes to the Financial Statements
As at March 31, 2015

	2015	2014
Prepaid Expenditures		
Ile A La Crosse School Division No. 112	$ -	$ (3,419)
Saskatchewan Workers Compensation Board	46,631	11,559
Related Party Prepaid Expenditures	$ 46,631	$ 8,140

	2015	2014
Accounts Payable		
3sHealth	$ 32,583	$ 4,525
Ile A La Crosse School Division No.112	35,646	40,844
Mamawetan Churchill River Regional Health Authority	90,065	90,040
Ministry of Central Services	1,707	-
Minister of Finance	-	3,478
North Sask Laundry & Support Services Ltd.	8,073	8,755
Prairie North Regional Health Authority	6,408	12,107
Prince Albert Parkland Regional Health Authority	-	1,000
Public Employees Pension Plan	206	2,907
Saskatchewan Health Employees Pension Plan	170,401	158,508
Saskatchewan Power	-	2,391
Saskatchewan Telecommunications	13,265	14,908
Saskatoon Regional Health Authority	-	6,873
University Of Saskatchewan	-	800
Related Party Payable	$ 358,354	$ 347,136

	2015	2014
Accounts Receivable		
3sHealth	$ 3,819	$ 4,651
Ile a La Crosse School Division No. 112	12,389	40,068
Mamawetan Churchill River Regional Health Authority	-	138,466
Ministry of Central Services	-	9,610
Ministry of Health - Northern Transportion	369,821	231,986
Ministry of Health - Senior Citizens' Ambulance Assistance Program	41,478	37,392
Ministry of Justice	5,518	4,446
Saskatchewan Government Insurance	27,570	18,274
Saskatchewan Workers Compensation Board	769	769
Saskatoon Regional Health Authority	12,452	12,452
Related Party Receivable	$ 473,816	$ 498,114

9. Comparative Information

Certain prior year amounts and balances have been reclassified to conform to the current year's presentation.

10. Employee Future Benefits

a) Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. **Saskatchewan Healthcare Employees' Pension Plan (SHEPP)** - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by Health Shared Services Saskatchewan (3S Health), a related party, and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multi-employer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the Saskatchewan Association of Health Organizations (SAHO) Retirement Plan and governed by the SAHO Board of Directors).

2. **Public Service Superannuation Plan (PSPP)** (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.

3. **Public Employees' Pension Plan (PEPP)** (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements. Pension expense is included in Compensation-Benefits in Schedule 1 and is equal to the RHA contributions amount below.

Information on Pension Plans	2015				2014
	SHEPP[1]	PSSP	PEPP	Total	Total
Number of active members	261		8	269	271
Member contribution rate, percentage of	8.10-10.70%*	3.00-5.00%*	6.00-7.00%*		
RHA contribution rate, percentage of salary	9.07-11.98%	3.00-5.00%*	6.00-7.00%*		
Member contributions (thousands of dollars)	1,077		32	1,109	1,008
RHA contributions (thousands of dollars)	1,207		31	1,238	1,122

* Contribution rate varies based on employee group.

1. Active members are employees of the RHA, including those on leave of absence as of March 31, 2015. Inactive members are not reported by the RHA, their plans are transferred to SHEPP and managed directly by them.

Pension plan contribution rates have increased as a result of deficiencies in SHEPP. Any actuarially determined deficiency is the responsibility of participating employers and employees in the ration of 1.12 to 1. Contribution rates will continue to increase until the next actuarial reports are completed.

b) Accumulated Sick Leave Benefit Liability

The cost of the accrued benefit obligations related to sick leave entitlement earned by employees is actuarially determined using the projected benefit method prorated on service and management's best estimate of inflation, discount rate, employee demographics and sick leave usage of active employees. The RHA has completed an actuarial valuation as of March 31, 2013, with an estimated valuation to March 31, 2015. Key assumptions used as inputs into the actuarial calculation are as follows:

	2015	2014
Discount rate	1.90%	2.85%
Rate of inflation/increased earnings, for seniority, merit and promotion:		
For ages 15 to 29	2.00%	2.00%
For ages 30 to 39	1.50%	1.50%
For ages 40 to 49	1.00%	1.00%
For ages 50 to 59	0.50%	0.50%
For ages 60 and over (Non Sun Members)	0.00%	0.00%
For ages 60 and over (Sun Members at 20 years service)	2.00%	2.00%

	2015	2014
Accrued benefit obligation, beginning of year	$ 756,700	$ 738,000
Cost for the year	140,700	140,700
Benefits paid during the year	(116,500)	(122,000)
Accrued benefit obligation, end of year	$ 780,900	$ 756,700

11. Budget

The RHA Board approved the 2014-15 operating and capital budget plans on May 28, 2014.

12. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Financial risk management

The RHA has exposure to the following risk from its use of financial instruments: credit risk, market risk and liquidity risk.

The Board ensures that the RHA has identified its major risks and ensures that management monitors and controls them. The Board oversees the RHA's systems and practices of internal control, and ensures that these controls contribute to the assessment and mitigation of risk.

c) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. The RHA is also exposed to credit risk from cash, short-term investments and investments.

The carrying amount of financial assets represents the maximum credit exposure as follows:

	2015	2014
Cash and short-term investments	$ 4,579,851	$ 5,785,623
Accounts receivable		
Ministry of Health - General Revenue Fund	-	-
Other	749,753	592,961
Investments	11,089	11,089
	$ 5,340,693	$ 6,389,673

The RHA manages its credit risk surrounding cash and short-term investments and investments by dealing solely with reputable banks and financial institutions, and utilizing an investment policy to guide its investment decisions. The RHA invests surplus funds to earn investment income with the objective of maintaining safety of principal and providing adequate liquidity to meet cash flow requirements.

d) Market Risk:

Market risk is the risk that changes in market prices, such as foreign exchange rates or interest rates will affect the RHA's income or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposures within acceptable parameters while optimizing return on investment.

(i) Foreign exchange risk:

The RHA operates within Canada, but in the normal course of operations is party to transactions denominated in foreign currencies. Foreign exchange risk arises from transactions denominated in a currency other than the Canadian dollar, which is the functional currency of the RHA. The RHA believes that it is not subject to significant foreign exchange risk from its financial instruments.

(ii) Interest rate risk:

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates.

Although management monitors exposure to interest rate fluctuations, it does not employ any interest rate management policies to counteract interest rate fluctuations.

e) Liquidity risk

Liquidity risk is the risk that the RHA will not be able to meet its financial obligations as they become due.

The RHA manages liquidity risk by continually monitoring actual and forecasted cash flows from operations and anticipated investing and financing activities.

At March 31, 2015 the RHA had a cash balance of $4,579,851 (2014 - $5,785,623).

f) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
  - Accounts receivable
  - Accounts payable
  - Accrued salaries and vacation payable

- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market prices.

Determination of fair value

When the carrying amount of a financial instrument is the most reasonable approximation of fair value, reference to market quotations and estimation techniques is not required. The carrying values of cash and short-term investments, accounts receivable and accounts payable approximated their fair values due to the short-term maturity of these financial instruments.

Fair value measurements are categorized into levels within a fair value hierarchy based on the nature of the inputs used in the valuation.

Level 1 – Where quoted prices are readily available from an active market.
Level 2 – Valuation model not using quoted prices, but still using predominantly observable market inputs, such as market interest rates.
Level 3 – Where valuation is based on unobservable inputs. There were no items measured at fair value using level 3 in 2014 or 2015.

There were no items transferred between levels in 2014 or 2015.

g) Operating Line-of-Credit

The RHA has a line-of-credit limit of $500,000 (2014 - $500,000) with an interest charged at prime. The line-of-credit is non-secured. Total interest paid on the line-of-credit in 2014-15 was $0 (2013-14 - $0). This line-of-credit was approved by the Minister of Health in 1999.

13. Interfund Transfers

Each year, the RHA may transfer amounts between its funds for various purposes. These include funding capital asset purchases and reassigning fund balances to support certain activities

	2015		2014	
	Operating Fund	Capital Fund	Operating Fund	Capital Fund
Capital Asset Purchases	$ (422,133)	$ 422,133	$ -	$ -

14. Changes in Accounting Policy

Effective April 1, 2014, the RHA adopted the new PS 3260 Liability for Contaminated Sites standard. This section establishes standards on how to account for and report a liability associated with the remediation of contaminated sites. Contaminated sites are a result of contamination being introduced into air, soil, water or sediment of a chemical, organic or radioactive material or live organism that exceeds the maximum acceptable concentrations under an environmental standard. This standard only applies to operations that are no longer in productive use, or where an unexpected event occurs that has caused contamination. A liability for remediation of contaminated sites is recognized when all of the following criteria are met:

- An environmental standard exists;
- Contamination exceeds the environmental standard;
- The RHA is directly responsible or accepts responsibility;
- The RHA expects that future economic benefits will be given up; and
- A reasonable estimate of the amount can be made.

The adoption of the new PS 3260 standard has not resulted in any changes to the measurement and recognition of liabilities in the RHA's 2015 financial statements.

15. Pay for Performance

As part of government-wide fiscal restraint measures, the pay for performance compensation plan has been suspended for the 2014-15 and 2015-16 fiscal years. This compensation plan was introduced in April 2011 and allowed the Chief Executive Officer to be eligible to earn a lump sum performance adjustment of up to 110% of his base salary. In prior years, the Chief Executive Officer was paid 90% of current base salary and a lump sum performance adjustment related to the previous year. Due to the suspension of the pay for performance compensation plan, the Chief Executive Officer will receive 100% of his base salary for 2014-15 and 2015-16.

16. Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

17. Collective Bargaining Agreement

The Saskatchewan Union of Nurses (SUN) contract expired on March 31, 2014. The Health Sciences Association of Saskatchewan (HSAS) contract expired on March 31, 2013. The Saskatchewan Government and General Employees Union (SGEU) contract is in effect until March 31, 2017.

Schedule 1

Schedule of Expenses by Object
For the Year Ended March 31, 2015

	Budget 2015 (Note 11)	Actual 2015	Actual 2014
Operating:			
Advertising & public relations	$ 16,900	$ 7,992	$ 11,562
Board costs	181,400	87,826	146,120
Compensation - benefits	4,203,784	4,076,270	3,668,713
Compensation - salaries	18,333,355	18,322,154	17,738,680
Continuing education fees & materials	260,940	298,365	201,515
Contracted-out services - other	320,250	309,249	279,681
Diagnostic imaging supplies	33,450	16,565	27,130
Dietary supplies	27,000	32,991	30,280
Drugs	188,550	237,237	225,170
Food	282,750	303,875	287,325
Grants to health care organizations & affiliates	339,125	335,500	335,500
Housekeeping & laundry supplies	20,200	13,870	13,989
Information technology contracts	42,500	31,214	34,155
Insurance	84,300	90,214	84,849
Interest	75	11	(169)
Laboratory supplies	183,000	156,456	197,304
Medical & surgical supplies	374,450	380,917	399,513
Office supplies & other office costs	335,000	435,819	553,883
Other	132,850	109,090	95,142
Professional fees	273,250	299,783	286,668
Purchased salaries	855,100	1,086,404	742,726
Rent/lease/purchase costs	923,425	823,138	787,508
Repairs & maintenance	468,675	625,671	472,473
Supplies - other	46,145	47,923	53,366
Travel	637,493	540,635	555,342
Utilities	509,100	394,562	562,321
Total Operating Expenses	$29,073,067	$29,063,731	$27,790,746
Restricted:			
Amortization		$ 1,178,854	$ 1,191,251
		$ 1,178,854	$ 1,191,251

Schedule 2

Schedule of Investments
As at March 31, 2015

	Fair Value	Maturity	Effective Rate	Coupon Rate
Restricted Investments				
Cash and Short Term Investments				
Chequing and Savings:				
Innovation Credit Union: Capital Account	$ 43		0.60%	
Innovation Credit Union: Chequing Account	1,248,364		1.10%	
	$ 1,248,407			
Total Cash & Short Term Investments	**$ 1,248,407**			
Long Term Investments				
Innovation Credit Union Equity	$ 1,089			
Total Long Term Investments	$ 1,089			
Total Restricted Investments	**$ 1,249,496**			
Unrestricted Investments				
Cash and Short Term Investments				
Chequing and Savings - Innovation Credit Union	$ 3,275,376		1.10%	
Petty Cash	1,500			
	$ 3,276,876			
Innovation Credit Union: Residents' Trust Account	54,568		0.10%	
	$ 54,568			
Total Cash & Short Term Investments	**$ 3,331,444**			
Long Term Investments				
Innovation Credit Union	$ 10,000			
Total Long Term Investments	$ 10,000			
Total Unrestricted Investments	**$ 3,341,444**			
Total Investments	**$ 4,590,940**			
Restricted & Unrestricted Totals				
Total Cash & Short Term Investments	$ 4,579,851			
Total Long Term Investments	11,089			
Total Investments	**$ 4,590,940**			

Schedule 3

Schedule of Externally Restricted Funds
For the Year Ended March 31, 2015

	Balance Beginning of Year	Investment & Other Income	Capital Grant Funding	Expenses	Transfer to Investment in Capital Asset Fund Balance	Balance End of Year
Sask Health Initiatives						
Ministry of Health - Capital Grants:						
Infrastructure	$ -	$ 3,237	$ 15,000	$ -	$ (13,128)	$ 5,109
VFA Infrastructure	99,395	24,662	-	-	-	124,057
Safety Lifting	48,746	-	-	-	-	48,746
Equipment	-	120,565	30,000	-	(145,937)	4,628
EMS Radio Equipment	20,320	-	-	-	-	20,320
Total Capital Fund	**$ 168,461**	**$ 148,464**	**$ 45,000**	**$ -**	**$ (159,065)**	**$ 202,860**

Schedule 4

Schedule of Internally Restricted Funds
For the Year Ended March 31, 2015

	Balance, beginning of year	Investment income allocated	Annual allocation from unrestricted fund	Transfer to unrestricted fund (expenses)	Transfer to investment in capital asset fund balance	Balance, end of year
Future Capital Projects	$ 799,351	$ 460	$ 422,133	$ -	$ (175,193)	$ 1,046,751

Keewatin Yatthé Regional Health Authority

Schedule 5(a)

Schedule of Board Member Remuneration
For the Year Ended March 31, 2015

RHA Members	2015 Retainer	Per Diem	Expenses	Sustenance	CPP	Total	2014 Total
Chairperson							
Tina Rasmussen	$ 9,960	$ 8,344	$ 5,404	$ 5,881	$ 1,173	$ 30,762	$ 40,174
Members							
Myra Malboeuf	-	2,325	529	800	142	3,796	-
Elmer Campbell	-	1,600	663	956	112	3,331	10,414
Patty Gauthier	-	2,300	728	1,029	150	4,207	-
Barbara Flett	-	2,913	1,079	1,597	197	5,786	9,591
Robert Woods	-	2,400	917	1,440	164	4,921	15,066
Bruce Ruelling	-	3,975	2,437	3,392	-	9,804	17,892
Kenneth T Iron	-	2,725	1,314	1,897	-	5,936	16,369
Total	$ 9,960	$ 26,582	$ 13,071	$ 16,992	$ 1,938	$ 68,543	$ 109,506

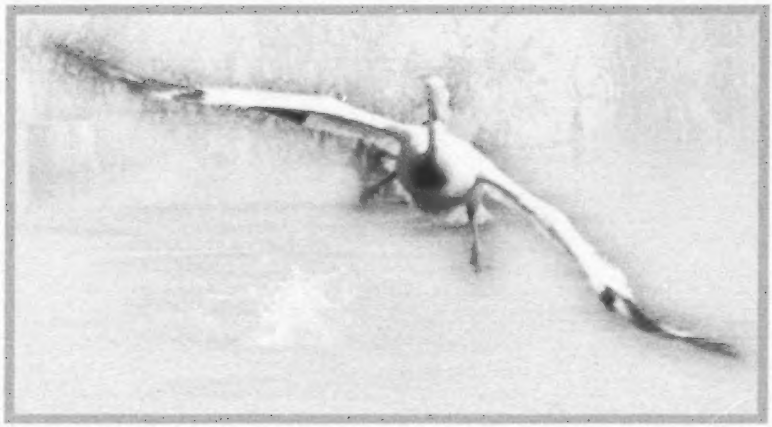
Schedule (5b)

Schedule of Senior Management Remuneration
For the Year Ended March 31, 2015

	2015					2014		
Senior Employees	Salaries[1]	Benefits and Allowances[2]	Sub-total	Severance Amount	Total	Salaries, Benefits & Allowances[1,2]	Severance	Total
Jean Marc Desmeules, CEO	$ 166,764	$ 25,426	$ 192,190	$ -	$ 192,190	$ 11,788	$ -	$ 11,788
Richard Petit, CEO	15,243	2,908	18,151	-	18,151	190,274	-	190,274
Edward Harding, CFO	119,894	14,321	134,215	-	134,215	131,043	-	131,043
Jean Marc Desmeules, Executive Director	-	-	-	-	-	138,452	-	138,452
Rowena Materne, Executive Director	43,439	9,142	52,581	-	52,581	130,169	-	130,169
Carol Gillis, Executive Director	68,913	9,798	78,711	-	78,711	-	-	-
Michael Quennell, Executive Director	84,065	12,640	96,705	-	96,705	128,463	-	128,463
Girija Nair, Executive Director	63,156	2,795	65,951	-	65,951	-	-	-
Total	$ 561,474	$ 77,030	$ 638,504	$ -	$ 638,504	$ 730,189	$ -	$ 730,189

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lump sum payments, and any other direct cash remuneration. As part of government-wide fiscal restraint measures, the pay for performance compensation plan has been suspended for the 2014-15 and 2015-16 fiscal years. The Chief Executive Officer was paid 100% of his base salary for 2014-15. Refer to Note 15 for further details.

2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable professional development, education for personal interest, non-accountable relocation benefits and personal use of: an automobile. It also includes personal use of a cell-phone, a computer, etc. and any other taxable benefits.



APPENDICES

KEEWATIN YATTHE REGIONAL HEALTH AUTHORITY ORGANIZATIONAL CHART

17 November 2014

Board Committees

Board of Directors

Executive Assistant

Chief Executive Officer

Senior Medical Officer

Jean-Marc Desmeules

Executive Director Health Services

Executive Director Finance & Infrastructure

Executive Director Corporate Services

Girija Nair

Edward Harding

Carol Gillis

- Population Health Services
- Acute Care & Clinical Services
- Emergency Response & Medical Transport
- Community Development & Health Promotion
- Mental Health and Addictions
- (Contracted Service) Pharmacist
- Finance
- Infrastructure
- Support Services
- Information Technology
- Board Development
- Communications
- Human Resources
- KPO / QCC

PAYEE DISCLOSURE LIST

Keewatin Yatthé Regional Health Authority
Payee Disclosure List
For the year ended March 31, 2015

As part of government's commitment to accountability and transparency, the Ministry of Health and Regional Health Authorities disclose payments of $50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures.

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more.

Abele, Brandi Da	$ 63,118
Aguinaldo, Rosalina	190,969
Alara, Samuel	84,449
Anderson, Troy	127,794
Antony, Linto	66,647
Bababunmi, Adeteju	68,557
Balaneski, Crystal	62,382
Ballantyne, Betsy	114,334
Basaraba Pedersen, Anne	58,190
Bernabe, Tex	63,394
Bouvier, Robert	52,419
Brunelle, Elizabeth	179,442
Burnouf, Jordyn	74,799
Caisse, Bernice	53,688
Campbell, Deborah	88,674
Chartier, Bertha	51,915
Chartier, Paul	86,439
Clarke, Cathy M	65,543
Clarke, Crystal	107,124
Clarke, Dawn	54,416
Clarke, Iris	105,650
Clarke, Jacqueline	92,298
Corrigal, Amy	57,943
Corrigal, Anna	106,635
Daigneault, Diania	62,430
Daigneault, Karen	50,836
Daigneault, Lena	58,434
Daigneault, Robert	85,244
Deegan, Peter	106,065
Dennett, Lindsay	83,678
Desjarlais, Bodean	94,445
Desjarlais, Erica-Rae	98,245
Desjarlais, Judy	52,171
Desjarlais, Marieadele	52,796
Desmeules, Jean Marc	179,940
Durocher, Dolores	56,515
Durocher, Liz	83,925
Durocher, Martin	78,684
Durocher, Peter	116,537
Durocher, Waylon	103,870
Dyrland, Jared	103,149
Elliott, Hilda	72,381
Ericson, Chelsea	68,318
Favel, Cecile	87,040
Favel, Dennis	61,739
Favel, Georgina	54,190
Favel, Marlena	117,837
Favel Gardiner, Pamela	68,368
Forde, Maudlin	105,710
Francis, Bibin	188,042
Galay-Tamang, Jamuna	119,622
Gardiner, Brenda	52,299
Gardiner, Christine	88,932
Gardiner, Melanie	98,009
Gardiner, Robert	61,952
Gardiner, Sheri	120,359
Geetha, Rakesh Mo	190,475
Gibbons, Edith	132,665
Gillis, Carol	128,628
Gordon, Calla	88,053
Gordon, Maureen	62,656
Hansen, Cindy	77,168
Hansen, Kayla	51,548
Hansen, Marlene	86,913
Hansen, Rae-Ann	67,475
Hanson, Brenda	86,348
Hanson, Kimberly	124,547
Harbor, Kristi	148,492
Harding, Edward	134,215
Hercina, Karen	169,852
Herman, Dean	102,069
Herman, Judy	64,163
Herman, Kevin	60,505
Herman, Marilyn	55,901
Herman, Melinda	84,618
Herman, Monique	59,892

Hodgson, Christina	78,048
Hodgson, Roberta	89,268
Honrada, Charry	78,906
Hood, Samantha	89,361
Howson, Marianne	54,459
Iron, Terrance	81,607
Janvier, Antoinett	57,201
Janvier, Betty	52,441
Janvier, Gloria	51,393
Janvier, Joanne	55,155
Janvier, Kylie	91,221
Janvier, Leona	52,470
Janvier, Louise	55,163
Janvier, Ricky	53,903
Janvier, Rita	53,863
Janvier, Vanessa	57,811
Jones, Kalvin	71,309
Kent, Stephanie	99,501
Kimbley, Sharon	125,848
Kissick, Margaret	86,926
Koskie, Megan	112,331
Kryzanowsky, Corrine	51,489
Kucharski, Michal	113,984
Kyplain, Jane	60,140
Lafleur, Leanne	82,798
Lafond, Allison	90,955
Laliberte, Iona	53,372
Laliberte, Kathy	54,086
Lanteigne, Michelle	93,771
Laprise, Devin	76,289
Laprise, Lawrence	68,526
Lariviere, Doreen	135,216
Lemaigre, Antoinett	92,137
Lemaigre, Carol	60,388
Lemaigre, Jessie	51,248
Lemaigre, Rosanne	132,106
Listoe, Eileen	116,482
Lloyd, Derek	86,443
Materne, Rowena	53,596
Maurice, Judy	77,806
Maurice, Linda	53,955
Mazurik, Matt	80,303
Mccallum, Careen	53,659
Mccallum, Jason	50,535
Mcgaughey, Calvin	89,249
Misponas, Evelyn	53,170
Moise, Clara	61,752
Montgrand, Brenda	52,620
Montgrand, Glenda	102,732
Morin, April	112,914
Morin, Darryl	126,604
Morin, Ida	63,834
Morin, Lyndsay	120,765
Morin, Lynn	62,050
Morin-Daigneault, Tina	50,124
Muench, Lori	68,695
Murray, Tamara	53,576
Nair, Girija	70,517
Paul, Virgil	77,805
Pedersen, Katherine	51,195
Pedersen, Phyllis	83,701
Petit, Melissa	91,044
Piche, Carol	88,272
Quennell, Michael	96,705
Reid, Victoria	98,921
Reigert, Cindy	100,331
Riemer, Ann	82,967
Riemer, Dawnali	53,950
Roesler, Diane	62,012
Roy, Jocelyn	87,941
Roy, Lorraine	94,926
Sebastian, Natasha	57,123
Seright, Eva	75,619
Seright-Gardiner, Pearl	140,134
Shatilla, Dennis	72,100
Shmyr, Stacey	83,421
Smith, Ryan	123,393
Solway, Loretta	96,783
Striker, Bertha	58,201
Sylvestre, Brenda	53,721
Sylvestre, Flora	50,809
Taylor, Patricia	218,489
Taylor, Sharon	76,046
Thomas, Sheena	68,938
Thompson, Marlene	105,988
Tsannie, Linda	61,023
Varghese, Jisha	131,277
Wagenaar, Mathilda	52,616
Wallace, Robin	125,856
Waters, Angela	58,822
Watson, Emily	128,929
Watson, Pamela	66,749
Werminsky, Geraldine	53,052
West, Dale	107,893
Wishlow, Janelle	54,589
Woods, Doris	87,970
Yelland, Rochelle	85,761
Yole-Merasty, Sasha	100,784
Yuhasz, Juanita	72,250

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

HSAS Union Dues	$ 50,273.37
Meyers Norris Penny LLP	53,815.46
Autism Services	55,000.00
Abbott Diagnostics Division	56,142.50
SUN	59,896.86
Wardell Gillis Tangjerd Rodgers	60,704.72
Marsh Canada Limited	63,013.00
Cherry Insurance	66,173.80
Public Employees Pension Plan	66,976.57
Hospira Healthecare Corp	68,366.73
Grand & Toy	69,163.64
Ile a la Crosse Development Corp	79,660.00
Ile A La Crosse Friendship Centre	81,000.00
Prairie North Regional Health Authority	85,147.99
La Loche Housing Authority	91,212.71
SGE - Ltd	91,513.29
North Sask Laundry	100,741.84
Andrea, Gaudet	113,857.90
Ile a la Crosse School Division	114,667.87
Piche's Security	117,026.70
The Great West Life Assurance Co	117,150.10
3sHealth-Disability Income Plan	124,866.47
CDW Cananda	125,137.16
SGEU	132,708.41
OCD Canada Holdings	134,419.15
The North West Company	140,627.67
SaskTel	141,001.67
McKesson Canada	142,032.92
101134903 Saskatchewan Ltd	147,547.74
Schaan Healthcare Products	156,834.15
SaskPower	165,357.46
Eckert, Arlene	167,000.00
3sHealth	175,868.22
3sHealth- Core Dental Plan	188,345.07
Sysco Serca Food Services Inc.	188,537.39
Saskatchewan Worker's Comp Board	201,521.99
Campbell, Becky Jo	221,814.80
The Minister of Finance	259,461.98
Federated Co-Operatives Ltd	287,501.70
Meadow Lake Tribal Council	292,000.00
3sHealth-I/S En Dntl Ex Hlth Plan	350,778.42
The Minister of Finance	391,931.72
Sask Healthcare Employees Pension	2,269,442.60
Receiver General for Canada	6,052,738.74